DOCUMENT RESUME

ED 210 873 EC 140 675

TITLE	The Education of the Handicapped Adolescent: Integration in the School.
INSTITUTION	Organisation for Economic Cooperation and Development, Paris (France). Centre for Educational Research and Innovation.
PUB DATE	81
NOTE	150p.
AVAILABLE FROM	OECD Publications and Information Center, Suite 1207, 1750 Pennsylvania Ave., N.W., Washington, DC 20006.
EDRS PRICE	MF01 Plus Postage. PC Not Available from EDRS.
DESCRIPTORS	Adjustment (to Environment); Adolescents; *Comparative Education; *Delivery Systems; *Disabilities; *Educational Methods; Educational Trends; *Foreign Countries; *Mainstreaming; Normalization (Handicapped); Program Descriptions; Special Education
IDENTIFIERS	Organisation for Economic Cooperation Development

ABSTRACT

A study, in three parts, focuses on the disabled adolescent in terms of difficulties experienced during the last years of basic schooling and at the time of transition into the adult world. Part I examines trends and major issues affecting policy in OECD (Organisation for Economic Cooperation and Development) Member countries. Sections address the historical perspective, political and social trends, administration and funding of national educational systems, current developments, the changing concept of handicap, new roles and functions for special education, the move from segregation toward integration, the educational system and mainstreaming, professional barriers to service delivery, and three aspects of integration. Part II contains eight papers which illustrate different approaches to integration. Entries include the following: "Changes in the Educational System Favouring Integration" (A. Lahregere); "The Warnock Report and Integration" (J. Fish); "The Reintegration of the Handicapped Into Community Life" (I. Laine); "School Integration of the Mentally Retarded" (M. Soder); and "Policies for Basic Education in Norway and the Concept of Integration" (L. Vislie). Part III looks at the issues raised by innovative strategies and offers guidelines on some of the steps to be taken if progress is to be made. Among the suggestions given are to identify the special needs and services required by the individual without labeling, to minimize protection and maximize experience in everyday normal environments, and to train all personnel concerned with special education. (SB)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

ED210873

Centre for Educational Research and Innovation (CERI)

U.S. DEPARTMENT OF EDUCATION
NATIONAL INSTITUTE OF EDUCATION
EDUCATIONAL RESOURCES INFORMATION
CENTER (ERIC)

☑ This document has been reproduced as received from the person or organization originating it.

☐ Minor changes have been made to improve reproduction quality.

• Points of view or opinions stated in this document do not necessarily represent official NIE position or policy.

THE EDUCATION OF THE HANDICAPPED ADOLESCENT

INTEGRATION IN THE SCHOOL

"PERMISSION TO REPRODUCE THIS MATERIAL IN MICROFICHE ONLY HAS BEEN GRANTED BY

OECD

TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)."

EC140625

ORGANISATION FOR ECONOMIC CO-OPERATION AND DEVELOPMENT

1981

The Organisation for Economic Co-operation and Development (OECD) was set up under a Convention signed in Paris on 14th December 1960, which provides that the OECD shall promote policies designed:

- to achieve the highest sustainable economic growth and employment and a rising standard of living in Member countries, while maintaining financial stability, and thus to contribute to the development of the world economy;
- to contribute to sound economic expansion in Member as well as non-member countries in the process of economic development;
- to contribute to the expansion of world trade on a multilateral, non-discriminatory basis in accordance with international obligations.

The Members of OECD are Australia, Austria, Belgium, Canada, Denmark, Finland, France, the Federal Republic of Germany, Greece, Iceland, Ireland, Italy, Japan, Luxembourg, the Netherlands, New Zealand, Norway, Portugal, Spain, Sweden, Switzerland, Turkey, the United Kingdom and the United States.

The Centre for Educational Research and Innovation was created in June 1968 by the Council of the Organisation for Economic Co-operation and Development for an initial period of three years, with the help of grants from the Ford Foundation and the Royal Dutch Shell Group of Companies. In May 1971, the Council decided that the Centre should continue its work for a period of five years as from 1st January 1972. In July 1976 it extended this mandate for the following five years, 1977-82.

The main objectives of the Centre are as follows:

- *to promote and support the development of research activities in education and undertake such research activities where appropriate;*
- *to promote and support pilot experiments with a view to introducing and testing innovations in the educational system;*
- *to promote the development of co-operation between Member countries in the field of educational research and innovation.*

The Centre functions within the Organisation for Economic Co-operation and Development in accordance with the decisions of the Council of the Organisation, under the authority of the Secretary-General. It is supervised by a Governing Board composed of one national expert in its field of competence from each of the countries participating in its programme of work.

THE OPINION EXPRESSED AND ARGUMENTS EMPLOYED IN THIS PUBLICATION ARE THE RESPONSIBILITY OF THE AUTHORS AND DO NOT NECESSARILY REPRESENT THOSE OF THE OECD

Publié en français sous le titre :

L'ÉDUCATION DES ADOLESCENTS HANDICAPÉS
INTÉGRATION A L'ECOLE

© OECD, 1981
Queries concerning permissions or translation rights should be addressed to:
Director of Information, OECD
2, rue André-Pascal, 75775 PARIS CEDEX 16, France.

CONTENTS

Preface 5

Part I

THE PROCESS OF INTEGRATION:
CURRENT TRENDS AND MAJOR ISSUES

I. Introduction 8
II. The Historical Perspective 10
III. Political and Social Trends 12
IV. Administration and Funding 13
V. Current Developments 17
VI. Changing Concept of Handicap 18
VII. New Roles and Functions for Special Education 20
VIII. Moving from Segregation 22
IX. The Educational System 27
X. Professional Barriers to Service Delivery 32
XI. A Complex Process 35

Part II

CASE STUDIES

I. Introduction 38
II. Changes in the Educational System Favouring Integration, by A. Labregère 40
III. An Ecologically Oriented, Service-based Classification System for the Employment of Handicapped Adolescents, by N. Hobbs, M.L. Cantrell, and B. Mallory 57
IV. Integration of Moderately and Severely Handicapped Students in Public Schools - Concepts and Processes, by L.J. Gruenewald and J. Schroeder 65
V. The Warnock Report and Integration, by J.R. Fish 86
VI. The Reintegration of the Handicapped into Community Life, by T. Lainé 91
VII. School Integration of the Mentally Retarded, by M. Söder .. 99
VIII. Integration of Handicapped Children in Italy: A View from the Outside, by L. Vislie 106
IX. Policies for Basic Education in Norway and the Concept of Integration, by L. Vislie 123

Part III

CREATING CHANGE - STRATEGIES FOR INTEGRATION

I. Introduction 136
II. Strategies for Integration 138
III. A Check-List for Integration 140
IV. Some Strategies within the Education Service 143
V. Conclusion 147

PREFACE

There have been striking developments in the education of handicapped young people in recent years in Member countries of the OECD. Because there have been so many changes in attitudes, concepts and policy on special education, and since there was a particular lack of research and development work on the years of adolescence, the Centre for Educational Research and Innovation embarked in 1978 on a project under the overall title "The Education of the Handicapped Adolescent". Its two major themes focus on young people with disabilities and significant difficulties during their last years of basic schooling, and at the time of their transition into the adult world - a time which represents a particularly critical turning point, since the whole of the rest of their lives may be affected if effective measures of preparation and integration have not been taken before and after leaving school.

The project has been designed to identify key areas of concern, to examine new approaches in Member countries to the education of young people with handicaps, and to exchange information about them.

It was always expected that thinking and practice on integration would form an important part of the study; in the event, integration has undoubtedly emerged as the dominant policy issue relating to the organisation of schooling for handicapped children in most of the Member countries. In the United Kingdom, the Warnock Report on Special Educational Needs called it "the central contemporary issue in special education".

It was agreed that the objectives of the study should be to:

a) state the trends and innovations which appear to be common to a number of Member countries;
b) illustrate these by examples;
c) clarify the major issues raised by innovative policies and practices;
d) outline some of the policy implications of strategies promoting integration.

The study is intended for those administering and providing services, especially at the local level. It is hoped that they will find it a useful statement of current concepts, practices and problems from which to develop new approaches. It is in three parts. The first

section examines trends in Member countries and the major issues affecting policy. The centrepiece is a collection of papers commissioned for the project which illustrate different approaches to integration, both conceptually and through actual developments. Part III looks at the issues raised by innovative strategies, and offers guidelines on some of the steps to be taken if progress is to be made. Although direct contributions to this study come from the United States and from Western Europe - France, Italy, Norway, Sweden and the United Kingdom - many of the ideas in it were developed indirectly during international seminars which aroused widespread interest, notably in Australia, New Zealand and Japan, and to which a number of other countries were able to contribute.

Of the many people who have contributed to the study, two deserve special mention: Mr. John Fish, Senior Inspector, Department of Education and Science, United Kingdom, who wrote major sections of the study while acting as a Consultant to the CERI, and Ms. Patricia Rowan, Deputy Editor, Times Educational Supplement, who is responsible for the overall editing and who has helped reshape and reformulate important sections of the study. Finally, it should be stated that the study would not have been possible without the generous assistance, in the form of a grant, from the US Bureau for the Education of the Handicapped.

Everywhere, integration as policy and practice is in a comparatively early stage, and it takes many forms, but it is clear that there is much common ground and experience to draw on and exchange to mutual benefit. This study, then, presents examples and issues with common themes, though people might deal with them in different ways in different contexts.

Part I

THE PROCESS OF INTEGRATION: CURRENT TRENDS AND MAJOR ISSUES

I. INTRODUCTION

The thrust of opinion in so many countries towards integrating young people with handicaps into normal schooling can best be understood when it is seen as part of wider beliefs about an integrated society.

It is one of the outstanding characteristics of the last two decades that so much attention has been given to the question of integrating those considered handicapped into family and community life. In widely different political, social and education systems the same issues have been raised and the same forces have been at work. It is a remarkable coincidence of concerns, confirmed in this study, which has led to integration becoming an international topic of current interest.

Separate education for children with physical, mental and emotional handicaps grew up alongside developing educational systems as medical and technical advances made it possible, and social attitudes led the way to increasing everyone's life chances.

Now the political and social context is dominated more strongly by the belief that everyone must have the same rights and choices - with regard to education, work and full participation in society - and also that society should be organised in such a way that it will mitigate for everyone the worst effects of human behaviour. There must be respect for life styles, human values and the quality of relationships.

Alongside this has developed a changing concept of handicap, which distinguishes between a disability and its handicapping effects, which might lie in the environment as much as in the individual.

Since an education system is closely linked to its political and social context, these trends together have led both to school reorganisation along comprehensive lines, and to a strong movement to give handicapped young people the same chances as their peers by abolishing labels and categories which put them into a parallel education system, instead of the shared environment of the mainstream. There is also a growing recognition that personal and social development, not only for those considered handicapped but also for their contemporaries, depends on shared experiences.

Perhaps the most simple and effective case for integration was put by the Snowdon Working Party,(1) which caught the spirit of new attitudes when it reported in the United Kingdom in 1976:

---

1) Working Party in the United Kingdom on "Integrating the Disabled" under the chairmanship of Lord Snowdon. National Fund for Research into Crippling Diseases. 1976.

"Integration for the disabled means a thousand things. It means the absence of segregation. It means social acceptance. It means being able to be treated like everybody else. It means the right to work, to go to cinemas, to enjoy outdoor sports, to have a family life and a social life and a love life, to contribute materially to the community, to have the usual choices of association, movement and activity, to go on holiday to the usual places, to be educated up to university level with one's unhandicapped peers, to travel without fuss on public transport."

In the light of such a statement, we can confirm that full integration into society is the ultimate aim, and can then examine how far integrating children who are handicapped into the normal schooling system can help towards that aim, and how best it might be done. That is what this study is about.

What do we mean by integration? As a call for action it is a simple statement of legitimate social aspirations, but there is a gap to be bridged between the expression of faith and the placing of a handicapped child in an ordinary school. If it is assumed that full participation in society is now the aim of all services for those considered handicapped, the means to achieve this aim are often a matter of debate.

Integration means different things to different people. In some countries mainstreaming - placing a handicapped child in an ordinary class in an ordinary school - is regarded as the only real form of integration, but elsewhere many variations are possible, such as the use of special classes or units, special help in the ordinary classroom, or partial withdrawal for help.

So far as this study is concerned, integration means providing handicapped children with an education which meets their special needs within ordinary rather than special schools, under a variety of arrangements; it also implies doing everything possible to facilitate the participation of the handicapped child in the general, academic and social life of the school. This study has shown the great diversity of approaches to integration policy in Member countries.

In order to document progress and learn lessons from it, it is important to differentiate between placement in ordinary schools and the process of integration in society. There is a wide spectrum of possibilities between a segregated educational organisation and full integration, and there are philosophical as well as practical difficulties along the way in deciding which method to go for. Where the concept of integration in its most unequivocal form is accepted, any form of special help brought to the ordinary classroom might be thought to lead to a label and thus be in itself a handicap. Elsewhere

it has been observed that just putting a handicapped child into an ordinary classroom will not of itself do anything, or always lead to integration into normal activities, unless a good deal of supporting work is provided and goes on right through the age range.

These sorts of differences help to explain why Member countries are likely to move at a different pace towards common goals in integration policy.

Part I of this study identifies the current trends and major issues, taking up the themes already stated in this introduction, and looks at the factors which can influence the progress of an integration policy.

It deals first with the historical background, and the reasons why special education developed as it did, and then with current political and social trends which lead to different goals. It does on to document the extent to which changes in the administration, legal framework and funding of services for the handicapped are necessary to facilitate progress.

Changing ideas about the concept of handicap and the nature of special education are discussed, pointing towards a new definition relating to service delivery.

The different forms of desegregation along the continuum towards complete integration are described, together with an analysis of possible forms of placement.

Some educational systems may be more conducive to change than others, and there is a description of helpful conditions for integration. These may have to do with the ambiance of the ordinary school, society's aims for its children, the attitudes of teachers, parents, the general public and specialist advisers. Professional attitudes may in themselves be a barrier to development.

This study is an interim report on the state of play in Member countries on integration. It is already clear that many share the same ultimate goal of an integrated society with the same quality of life for everyone, and seek to reorganise the schooling of their handicapped young people as part of that aim. Here are some of the factors and ideas that ought to be considered along the way.

II. THE HISTORICAL PERSPECTIVE

It is useful to see current developments in an historical perspective since the beliefs and attitudes which informed earlier practices still exist. Although many national and local policies are in a state of transition, their origins continue to exert a strong influence.

Handicaps were often first described by doctors and medical diagnoses were the basis of early forms of categorisation. The first

forms of special provision were normally made by voluntary organisations and charities. The earliest legislation which initiated state provision usually defined medical responsibilities for care and treatment. Provision by health and welfare services and by voluntary organisations was made in large separate institutions isolated from the community. Similarly, when educational provision was made, it was within a separate system of special schools. A medical diagnosis usually determined the need for such special education. Education policies for ordinary schools led to the exclusion of all those pupils who could not make adequate progress. The effects of these early arrangements were to categorise individuals as different and to segregate them.

As a result of these developments, health, social welfare and education services, together with voluntary organisations, made different kinds of provision. Each department tended to evolve its policies and practices in isolation and services were based on what were considered mutually exclusive categories of handicap. An individual's treatment depended on the classification of his disability, his social circumstances and the agency with whom he first made contact. Education for those of school age might or might not be provided and where it was it might or might not be linked in any way with other forms of education.

Attitudes to the handicapped began as charitable but evolved in such a way as to imply diminished personal responsibility. Where young people were considered capable of work this again was to be sheltered employment in separate institutions and workshops. Kind, charitable, long-term care out of contact with the normal community was considered appropriate. In summary, society and its specialised advisers implied that there were two groups in society, the handicapped and the normal.

During the past half century the focus of attention on the problems of those considered to be handicapped has moved through three phases. At first, discussion centred on the educability of such children, particularly those with severe and multiple disabilities. This was followed in the 1950s by the important principle of "normalisation", which states that the life of an individual with a disability should be the same as that of other citizens in its rhythms, opportunities and options. Concern for integration has followed in the last two decades, particularly in the field of education.

Segregation in society is not new, nor are its effects confined to those with handicaps. Many minority groups and individuals who are perceived to be different may be subject to pressures which impede their integration into the community. What is new is the widespread interest in and pursuit of the goal of integration.

III. POLITICAL AND SOCIAL TRENDS

The challenges to traditional patterns of provision have come from a number of sources including political policies, social science research, civil rights movements, pressure groups and consumer organisations of all kinds, as well as the more articulate consumers of services.

Social and political aspirations to create a fairer and more integrated society have been expressed in national policies for minorities, the disadvantaged and those with special needs. The development of health services for all and social security systems in Scandinavia, France and the United Kingdom, of common comprehensive secondary schools in Scandinavia, have been examples of those trends. These changes have affected arrangements for young people who are handicapped. Similarly, recent legislation in Italy, Denmark, the United Kingdom and the United States of America has extended access to the public education system to all children, however severely or profoundly handicapped.

Many of these political aspirations and other forces for change have resulted from the increased awareness of the adverse and segregating effects of separate institutions and services. The effects of labelling and categorisation on an individual's sense of identity and on the attitudes of the community in which he lives are better understood.

An essential element in a happy adult life is the ability to choose and to play some part in guiding one's own destiny. Freedom to choose, however, is less evident in the lives of most handicapped people, partly because their impairments may limit the possibilities open to them and secondly, because the ways society views their conditions and provides for their needs may cause a further restriction of opportunities.

Young people with disabilities need positive models and need to develop a positive sense of personal worth. Therefore, the situations in which they live and learn should be such that they have regular interaction with contemporaries and with the community which encourage a positive sense of identity, rather than interaction solely with individuals with similar problems in separate provision.

Characteristics and behaviours, previously considered as inescapable symptoms of impairment or disability, are now recognised as the consequences of a person's interactions and experiences in his environment. The move from institutional to small-scale community-based residential provision in many countries has been influenced by studies which support the objective of integration.

The civil rights movement, active in relation to deprived minorities, has also been concerned with the rights of those who are

mentally ill and mentally handicapped. Voluntary organisations have acted as pressure groups and lobbies. The law has been used, particularly in the United States, to establish equal rights in society for those who are handicapped.

Two other influences which are associated with rights movements are the aspiration of parents of children with disabilities and of young people and adults who are handicapped. Parents individually and in groups have wanted their disabled children to share experiences with their contemporaries, they have objected to the stigmatisation which has resulted from separate provision and they have campaigned for better opportunities in education, employment and social life. Consumer movements at all levels have also included an increasingly articulate contribution from those with disabilities, which in the last decade have advocated a wider range of employment and social opportunities and sought greater participation in the policy decisions which affect their lives.

This description of factors is necessarily brief in a study primarily concerned with integration within the education system. It should not be assumed that developments referred to have come about without conflict between different forces. Conflicts between political parties, between government and voluntary organisations, between different academic schools of thought, and between different professional groups, have all occurred, and continue to influence policies for those who are handicapped. Nevertheless, these factors are an important background to developments in education.

A major outcome of the trends identified has been the emphasis on integrating young people considered to be handicapped into all aspects of ordinary community life. In many Member countries education, training and work is being provided for them in ordinary schools, colleges and work places. These arrangements are aimed at promoting societal integration. If these objectives are accepted, as they are for example in regions of Italy, Scandinavia and North America, then the implications for a wide range of national, regional and local policies are considerable.

IV. ADMINISTRATION AND FUNDING

The organisation, administration and funding of national education systems is not discussed fully in this study, since information is available in OECD reports on them in the countries concerned. However, departmental responsibilities, recent legislation, and financial arrangements for special education are important factors for policy change in Member countries.

Policies for children and young people with disabilities and difficulties are no longer the sole concern of one department of

government or one branch of that department. As in other fields, there is an increasing interdependence between economic, health, social, educational, employment and environmental policies, whatever the national system. With respect to minority groups, of which those with handicaps are one, this interdependence is particularly important. It has been recognised by some governments with the appointment of Ministers for the Disabled to co-ordinate and monitor the effects of all policies as they bear on the disabled. Such issues as the priorities accorded to hospital and community-based health services, to education and training and long-term institutional care, to general social welfare systems and to handicap-specific services are examples.

Evidence from the project suggests three other aspects of policy development to be of significance. These are the division of responsibilities between government departments at national and local level, the division of responsibilities within departments and the continuity and compatibility of policies as they affect individuals over time. In the field of education, for example, policies for special education can no longer be considered in isolation from policies for the ordinary pre-school, compulsory school and post-school periods for all children. The last aspect is of direct relevance at the time of transition to working life, making it quite clear that individuals with disabilities and their families require different services and different levels of service over time. This demands inter-departmental planning to ensure continuity and it means that the relative responsibilities of departments must be made intelligible to those who are receiving their services.

Departments of Health and Social Welfare have traditionally been responsible for services for the handicapped, including education and training; more especially for those with severe and profound disabilities for some institutions and for health, therapeutic and social services.

In France, children and young people with severe disabilities are educated in medico-educational centres run by the Ministry of Health, although the Ministry of Education pays the salaries of the teachers employed in them. In Sweden a separate national board run jointly by the Boards of Education and Social Welfare is responsible for all services for the moderately and severely mentally handicapped. (However, since 1979 the majority of those of school age have been educated in special classes in ordinary schools.) Recent legislation has increased the extent to which national and local education authorities have made provision and have financed and staffed educational arrangements in health and social welfare institutions.

In all countries the legislative framework gives overall powers to Ministries of Education for the compulsory school period and other aspects of education. In the United States the actual provision of

education has been the responsibility of local school boards for many years, although these act within a framework of Federal and State legislation. In England and Wales the Education Act 1944 restated and emphasized the responsibilities of local education authorities for all educational provision below university level. More recently, development in Sweden and Norway has resulted in increased delegation to local education authorities and communities. Other countries like France administer education centrally with only limited delegation to regional and departmental administration.

The last decade has seen considerable changes in legislation, and legislation can play a definite role in influencing administrative changes. In some countries, legislation favouring the handicapped is an expression of political aspirations that may be followed up by real changes. In others, it is a way of legitimising changes that have been made in practices. Thirdly, existing legislation can serve as a means for citizens to establish their rights in the courts, thereby leading to concrete changes.

In the case of legislation expressing aspirations, the timing may be crucial. Measures may come too early before the system is prepared, so that ingrained and rigid attitudes and established practices provide a brake on implementation. Even though new legislative frameworks exist, unless there is a general acceptance of underlying principles, local administrators and professionals may interpret the law in a limited way.

Legislation in Sweden and Italy, for example, represents the expression of aspirations. As the study by Söder (1) of Swedish initiatives shows, legislation created the conditions for the physical integration of mentally handicapped pupils, it created significant changes in administrative and professional practices but the rate at which societal integration is developing as a result of these changes is largely dependent on local attitudes and the efforts of individuals to put an abstract concept into practice. In Italy also legal changes have enhanced the climate for integration, which had been accepted, and led to a rapid development of new practices.

The Warnock Report in the United Kingdom is an example of legitimising existing changes. Its recommendation for new legislation is based on the fact that existing laws are not meeting the needs of handicapped children. Practices have been developed to meet their needs which now require a new legislative framework.

The Education Act 1944 in England and Wales had made it obligatory for local education authorities to discover and provide for children who were handicapped, except those considered to be ineducable; in practice the most severely and profoundly handicapped

---

1) School Integration of the Mentally Retarded. Marten Söder (see Part II).

children. The Education Act 1970 made local education authorities responsible for the education of all children however severely disabled.

In Italy a law in 1971 stated that compulsory education must take place in normal classes in public schools, except in those cases "in which the subject suffers from a severe intellectual deficit or from physical handicaps so severe as to impede their learning processes or integration in the aforesaid normal classes." A further Act in 1977 released additional resources and guidance made it clear that no distinction of type or severity should be made, as long as admission is possible and positive for the children concerned. In the United States many developments initiated by States and school boards culminated in Public Law 94-142 in 1975, which guarantees special education to all who need it and requires that all handicapped children should receive free public education in the least restrictive environment.

In Norway a series of developments in the 1960s and 1970s resulted in the Education Act of 1975 which removed distinctions between normal and handicapped pupils, abolished categories, and established the general principle of the right of all to education according to their needs. Special education is now seen as one of the normal functions of the ordinary school. Another example is Denmark, where legislation came into effect in 1980, which made education authorities take over responsibility for aspects of special education from the Ministry of Social Welfare.

These instances indicate a general trend to place the education of all children in the hands of national and local education authorities and to promote the integration of those with disabilities and difficulties within the ordinary school system. There has been a recognition of the right to education of everyone of compulsory school age and an increased awareness of its importance even for those with the most severe disabilities. Norway and Sweden in particular have gone further in examining the nature of the compulsory school and attempting to make it more responsive to a wider range of individual needs.

Financial arrangements vary in the extent to which they influence recent developments. In England and Wales local authorities receive a single grant for all services to add to local revenue. No specific grants are made for the provision of special education. In Sweden and Norway such grants to local municipalities include specified elements for special education to be used at their discretion and some excess cost payments for students who are handicapped. In the United States State and local school boards must comply with regulations to achieve integration before federal funds are available.

What this study suggests is that the form of financing is more likely to affect the pace of change towards integration than dictate whether change takes place, since some developments are taking place in all systems.

V. CURRENT DEVELOPMENTS

These developments may be summarised as follows. In France, the "Loi d'orientation en faveur des personnes handicapées", affirms that priority should be given to solutions which keep handicapped persons in their natural environment and recommends that whenever possible individual integration into ordinary classes should be attempted. Although the gap between legislation and practice has yet to be bridged, in both the health and education spheres of responsibility, there are interesting examples of integration, and gradual progress is being made to support more children and young people with disabilities in ordinary schools.

In England and Wales 1.8 per cent of the school population is officially recognised as handicapped. The majority receive education in special schools, but the proportion of these pupils who are receiving their education in ordinary or special classes in normal schools is increasing and has currently reached about 12 per cent. Both of these examples represent a gradual approach.

While Sweden has no legislation dealing specifically with integration, the principles have been stated in many official policies. Almost all children considered handicapped are now placed in regular and special classes in ordinary schools.

In Norway, ordinary schools can no longer refuse to admit a handicapped child if the parents request admission and a system of Pedagogical-Psychological Service Centres is being developed to support such children in ordinary schools. Separate provision still exists. The full effects of the 1975 legislation have yet to be seen in the basic school system, but integration is an important philosophy within the whole education service.

The result of recent legislation in the United States has been to increase integration and to make separate provision the exception for a relatively small number of children.

In Italy, where integration has not been a purely educational matter, power struggles involving political beliefs, religious traditions and the control of local government, have all influenced regional and local development. In those regions studied in this project considerable progress has been made in integrating children with handicaps into ordinary classes. As an act of faith and social belief this has taken precedence over developing new patterns of special education.

More detailed statements about developments in the countries mentioned are to be found in Part II and in other publications referred to in the text. The rate of progress towards integration has varied, as has the nature of that progress, but it has occurred in all countries. It is therefore possible to distil common issues and policy implications and discuss them in more detail.

VI. CHANGING CONCEPT OF HANDICAP

The concept of handicap and the functions of categorisation have undergone a number of changes in the last twenty years.

In the past a handicap was commonly considered to be a permanent disability of mind or body, an intrinsic flaw in the individual who was different from other people. The handicapped person was considered different and categorised as such by administrative action. This resulted in the provision of separate institutions and services for the handicapped, and a consequent marginalisation in society.

Labels had the function of identifying those persons needing special help of all kinds. This process is usually considered by those providing such help as positive discrimination. Moreover, labelling is seen as an essential means of organising, financing and "professionalising" such arrangements. The tradition has been to categorise, to develop separate services for each category and in the process, to develop, albeit unintentionally, stereotyped behaviours and responses. In Robert A. Scott's study on Making of Blind Men he states: "When those who have been screened into blindness agencies enter them, they may not be able to see at all, or they may have serious difficulties with their vision. When they have been rehabilitated they are all blind men. They have learned the attitudes and behaviour patterns that professional blind workers believe blind people should have."(1)

The forms of assessment used may also be responsible for limiting options and choices. As Jane R. Mercer has shown, normal procedures resulted in a "disproportionately large number of children from ethnic minorities who were labelled as retarded".(2) The work of Feuerstein at the Hadassah-Wizo-Canada Research Institute in Israel is also of significance.(3) He has shown that many young people, psychometrically tested as of low ability, respond to carefully mediated learning experiences which significantly increase their intellectual and social competence. These findings emphasize the dangers of assessment techniques and classifications which result in teachers, administrators

1) Scott, Robert A., The Making of Blind Men, Russell Sage Foundation, New York, 1969.
2) Mercer, Jane R., Labelling the Mentally Retarded, University of California Press, 1973.
3) Feuerstein, R. et al, Instrumental Enrichment, University Park Press, 1979.

and other professionals having low expectations of the social skills and potential for the personal autonomy of children and young people with handicaps.

Now a sharp distinction is being made between a person's impairment or disability and the handicaps which might result not only from problems of living and learning but also from the situations and circumstances with which he is faced. Handicaps are seen as specific to situations and demands. For some people with disabilities, appropriate education, training and environmental conditions almost eliminate handicapping effects. Central to this new concept of handicap is the recognition that a person with a disability is not a different kind of citizen but an ordinary citizen with special needs.

Once the distinction between impairment or disability and handicap is made, once social conditions are recognised as playing a part in creating handicaps and once individual difficulties are recognised only to be handicapping in certain circumstances, the way is open to a new approach to the assessment of needs and the provision of special education. The sharp distinction between the "handicapped" and the "normal" is no longer tenable and the categorisation is less meaningful. Similarly, it is possible to envisage special help both as additional services for the individual and as a modification of his environment. This redefinition of the concept of handicap has influenced the traditional ways of classifying disabilities and led to changes in procedures for assessing individual needs.

Although the medical model of diagnosis and treatment persists it is now recognised as an inadequate means of assessing a child's psychological, social and educational needs. Psychologists, particularly those working in the field of education, originally used the same model to classify children according to measured intelligence and other behavioural characteristics. More recently, they together with teachers and sociologists have presented new frameworks for describing and classifying behaviour. Special education teachers have emphasized the development of individual education programmes and special curricula. Sociologists have drawn attention to the adverse affect of classifications which can increase the extent to which the individual is socially handicapped. All these approaches result in a confusing array of terms and classifications.

It seems clear that no one system of classification will be equally useful to medical, psychological, social and educational services nor will it be able to include the significant percentage of individuals with multiple disabilities. However, some form of identification is necessary if individuals with disabilities and significant difficulties are to get the range of services they need.

VII. NEW ROLES AND FUNCTIONS FOR SPECIAL EDUCATION

Changes in the concept of handicap as well as the changes in placement strategies, have had a considerable effect on the definition of special education. At one time it was possible to avoid precise description and to assume that it was simply education which took place in special schools. It was also common to believe that special education could be described by the special methods of teaching appropriate for children falling within one category of handicap. Such children - the blind, the deaf, the physically handicapped, etc. - were assumed to form homogeneous groups for education for whom there was an appropriate methodology and curriculum. These assumptions have proved false. A definition confined to separate provision for separate groups of children is no longer possible.

Where greater provision has been made in ordinary schools, a clearer definition has been necessary of those elements in a child's education, which may need to be additional or different to that which is currently available in his ordinary class. Assessment procedures in those circumstances now have two main thrusts: the description of individual needs and the analysis of the situations in which the child will normally function. This should lead to the development of an individual education programme which includes both the activities to be carried out with the individual and the steps to modify the environment.

That is the basis for Professor Nicholas Hobbs' argument (1) that systems of classification should be replaced by an ecological assessment, defining the services required by the individual who is handicapped. Integration requires the delivery of these services wherever the person is living or learning in the most effective and least restrictive circumstances. Within this context of the delivery of special services, special education can be defined in a number of ways. These will depend on whether the term is used to specify all the services delivered by the education services, which in some instances include health and social services, or whether the term is confined to those provided by special education teachers. This approach to special education as a form of service delivery is echoed in the way policy is being developed in a number of countries. It underlies the thinking in the Warnock Report on Special Education Needs recently compiled in the United Kingdom, and is evident in the specification of an individual education plan required by Public Law No. 94-142 in the United States.

The concept of special education as a delivery of services not normally available in ordinary schools is a useful one for a number of reasons. On the one hand, it includes the possibility of changing

1) Hobbs, Professor Nicholas. "An Ecologically-Oriented, Service-Based Classification System for the Employment of Handicapped Adolescents", OECD internal report.

the ordinary school and improving the competence of ordinary teachers to the point where special education is no longer required. On the other hand, it is not related to the location of children and can include a wide range of arrangements made in ordinary schools and elsewhere. It demands from assessment procedures not only a description of a child's present circumstances and levels of functioning, but also a specification of the measures needed to reach defined objectives for the child and what services and conditions are required for these measures. The concept can, if necessary, include separate special schools and units as special cases where the delivery of services to children with severe and complex special educational needs may be concentrated for long or short periods during school life.

The availability of services may also determine the rate of change towards de-segregation where the quality of special education provided in ordinary schools is maintained at a consistently high level. The quality of such special education will be dependent on the extent to which special education teaching together with necessary health, psychological and social services can be delivered to individuals in local schools. Thus the nature of special education, its range and the pace of change can be accommodated within a single unifying concept.

There are therefore a number of criteria by which to define special education which in themselves may help to clarify thinking about the process of integration and which may facilitate moves towards the newer forms of placement which are now being made. Special education can be seen as education and care which is additional, supplementary or different from the education normally provided by teachers in the ordinary classes of ordinary schools. It is defined by the availability of teachers with additional specialised training full or part-time, the availability of other professionals in medical, therapeutic and social services with appropriate experience and training about children with special educational needs, and an educational and physical environment appropriate to the child's needs including the aids, equipment and resources required. It may be characterised by special methods to provide access to the normal curriculum of the school, as in the case of blind pupils; a special or modified curriculum, for example for mentally retarded pupils; and particular attention to personal relationships and to the social structure and emotional climate in which education takes place, for pupils with emotional and behavioural difficulties.

From such criteria operational definitions of special education, to suit the varied conditions in different countries, can be framed. It is in a definition of special education along the lines described in this section that comments in this report are based. It will have in common the notion of the delivery of special services, specified

by assessment, and will be equally applicable where de-segregation is beginning and where it is already virtually complete.

To summarise, the changing concepts of handicap and classification are influencing strategies for educating young people with disabilities in three ways. First, assessment procedures are changing from those which categorise individuals to those which describe an individual's special needs and describe what is needed to meet them. Secondly, special education arrangements are moving from separate provision for children in a particular category, to a range of services of different kinds available to all with special needs wherever they are being educated. Thirdly, the terminology for disabilities and handicaps is changing from terms, such as visual impairment and mental handicap, used to describe groups assumed to be homogenous in their needs, to terms used to describe professional fields of work.

VIII. MOVING FROM SEGREGATION

Countries contributing to this study are moving from segregated provision towards integration in various ways, though they need not necessarily all go through the same stages of segregated arrangements.

As has been mentioned earlier, not everybody means the same thing by the term integration. The words segregation and integration have commonly polarised two sets of beliefs. While this polarisation mobilises emotion and motivation, it is an over-simplification. The concept of segregated provision is relatively easily defined. In education it describes arrangements made outside ordinary schools in special schools and other institutions. Moves away from segregation have most commonly involved placing children and young people with handicaps in ordinary schools.

Although these forms of placement are an important step they do not necessarily lead to integration where this is defined in terms of relationships, interactions and shared experiences between those with disabilities and other contemporaries. Differentiation between forms of placement and the processes of integration it is hoped to achieve is important and further discussed in later sections. Concrete examples of moves away from segregation are the basis of this study. To determine the extent of the integration which follows is more complex since it involves dynamic interactions in ordinary social groups.

There currently exist different forms of special educational provision which range from education within separate institutions to education in ordinary classes. Changing the form of placement is one important strategy towards integration. The range of the forms of placement which currently exist may be listed as follows:

a) residential institutions with education on the premises;
b) residential institutions, hostels or small group homes, with education in ordinary or special schools elsewhere;
c) day special schools;
d) full-time special classes in ordinary schools;
e) part-time special classes in ordinary schools, with varying periods in ordinary classes;
f) ordinary classes with withdrawal to clinics or resource teaching bases;
g) ordinary classes with combined, co-operative or shared teaching involving the class teacher and special education teacher working in the ordinary class;
h) ordinary classes with support services available to the class teacher.

The choice of different forms of provision varies from country to country. Agreement is far from universal as to which forms are seen as integrative. Most people would agree that a), b) and c) represent segregated special education. Some consider d) and e) to be segregated arrangements but for the purposes of this report they are referred to as group de-segregation. These forms of placement represent in some respects a scale of physical distance, which needs to be bridged, if there is to be interaction between pupils who need special education and their contemporaries.

One of the simplest administrative forms of de-segregation is the full-time special unit or class in the ordinary school. In such classes children may have a different and special curriculum taught by specialist teachers. The potential of such situations for integration is that they may encourage social interaction outside the classroom. There is evidence from Dr. E. Anderson's study (1) to show that this needs to be planned to make the most of the opportunities available, since little social integration may follow from physical proximity alone. Such a situation also provides for teachers and children in ordinary classes to learn about children with handicaps and develop more positive and constructive attitudes towards them.

Special classes may also be part-time with children joining ordinary classes for some activities. In this form both group and individual de-segregation occurs and the isolation of the full-time special class may be reduced.

The regime of ordinary schools is not necessarily influenced by the presence of special classes since they do not challenge its organisation and curriculum. Such classes are among the commonest means of moving towards integration, but the effects of such group

---

1) Cope, D. and Anderson, E. Special Units in Ordinary Schools, Studies in Education, University of London Institute of Education, NFER Publishing Co.

de-segregation are only now being studied in those countries that have been the first to make such arrangements. The study by Söder in Part II suggests that much depends on the host school if social integration is to result and again the key factor is the ambiance of the ordinary school.

The placement of individual children with disabilities in ordinary classes has come to be seen as the "ideal" situation within which to promote the process of integration. The child's education is the responsibility of the class teacher who may be responsible for his whole programme, who may work with other professionals and therapists and who may work with special education teachers. Special education is provided by the latter either working in the ordinary classroom or by withdrawing the child to a clinic or resource teaching base within the school.

Such arrangements require that all teachers in the school have a general awareness of the needs of handicapped children and know where to turn for specialised help and support should this be necessary. It is also important that ordinary class teachers accept responsibility for children with special educational needs as a natural part of their work. This acceptance is made easier where they have evidence of ready and effective support from specialist teachers and other professionals. Above all, some class teachers need to be assured that the presence of a child with a handicap within their class will not result in neglect of their other children in the class.

Where placement in the ordinary class is supplemented by withdrawal to a clinic or resource teaching base within that school, it is vital that the efforts of specialists and ordinary teachers are co-ordinated. Where special education teachers are on the staff of the school, the importance of developing effective co-teaching strategies is being recognised as experience in Madison, Wisconsin (United States) shows. Where special education, health and social service workers and therapists visit the school, their delivery of services to the individual child and the teacher requires careful planning and co-ordination, so that a joint programme of activities is readily understood by all concerned. The importance of careful preparation and of continued in-service training is a thread running through all good practices in integration in ordinary classes.

It is argued that placement in ordinary classes provides opportunities for the handicapped child to interact naturally with his contemporaries and to come to terms gradually with the demands of living in every day association with others. Such placements will not necessarily result in helpful interactions nor will they meet all the educational and social needs of the children. Unless active steps are taken to avoid such outcomes, children may be overprotected or become isolated. Children with very limited intellectual capabilities may find it difficult to become confident in their skills

when their associates are consistently more competent. Children with physical and sensory disabilities may lack opportunities to share experiences with others with similar disabilities.

It is traditional to think that the younger the child requiring special education, the greater potential for integration there is likely to be. Arrangements for them within ordinary classes are more likely to be effective; the range of individual differences in the early years is narrower as is the range of play and learning activities. Individual programmes for all children will have more in common. However, it is less generally recognised that if individual education programmes for all children including those with handicaps are properly planned and effectively executed, then it is likely that the range of levels of performance is likely to increase with age. The gap between the skills and knowledge of the ablest and the least able will become greater, so that during adolescence de-segregated arrangements may present more difficulties. If during this phase social integration within a class is to some extent dependent on shared learning experiences and group activities, then for some young people with handicaps social interaction will become more difficult during the last years of their schooling.

All these factors argue that placement, particularly in ordinary classes should be part of an overall plan for the individual requiring special education, derived from multi-professional assessment. Such assessment should not only specify the educational skills and knowledge the individual is expected to acquire, but also the social and emotional objectives of the placement. Just as experience in school is only one part of any child's life, so a de-segregated placement for the child with a handicap should be only one part of the total programme for him.

There are interesting variations in attitudes and practices within the general move towards de-segregation related to different kinds of disability. For the purposes of discussion these may be broadly grouped under three headings: sensory and physical, intellectual and emotional and behavioural problems.

In the first group, it is common to find children with visual impairments who are not totally blind and those with partial hearing losses in ordinary schools, either in special units or elsewhere. Schemes exist in a number of countries, either as a policy or experimentally, for blind children to be educated in ordinary schools although this is less common and has important resource implications. Opinions differ within and between countries as to the feasibility of educating children with different kinds of disability in de-segregated situations. For example, in Sweden where pupils with other kinds of disability are being integrated, the profoundly deaf are not, whereas examples from other countries indicate that such children

improve their language acquisition in ordinary schools. To some extent placement is less determined by evidence, than by who makes the decision to try or not to try a new approach.

Children with physical disabilities have received most attention from integrationists. The degree of physical impairment is not always closely related to the extent to which learning skills are affected. This group is often the one most acceptable to ordinary schools but an emphasis has often been placed on physical access to buildings and mobility, to the detriment of meeting the other special needs of some children in this group.

Intellectual disabilities and mental handicaps are commonly divided into two groups: children considered to be educably mentally retarded and those who are trainable, the latter being the most severely mentally retarded. The first group are often difficult to define with any precision, since the degree to which their educational difficulties arise from social disadvantage or from intrinsic limitations is far from clear. The borderline between those singled out for special education and others with limitations who remain in the ordinary system of education is seldom sharply defined. The integration of this group presents a particular challenge to ordinary schools since it calls into question the arrangements made by them for their less successful pupils. However, it is becoming increasingly common to meet their needs in full or part-time classes within ordinary schools. The trainable group are not always included within the education system, but where they are it is generally agreed that a modified and special curriculum is needed for them. Although group de-segregation in special classes in ordinary schools is common practice in Sweden and being developed elsewhere, the potential for integration of this group has not yet been fully explored.

When de-segregation is discussed, the children least likely to be mentioned are those with emotional and behavioural difficulties. They are most likely to be excluded as a disturbing influence and least likely to be acceptable in ordinary schools. Nevertheless, any de-segregation policy is incomplete unless it includes maladjusted pupils. Much depends on the support which psychiatric and psychological services can give to ordinary schools. It is noticeable that fewer examples of arrangements in ordinary schools are quoted than of provision for the very much smaller numbers of children with visual and hearing impairments.

At present there is little evidence of the long-term effects of de-segregated arrangements but all the contributors to this study support the belief that they are potentially of greater benefit to children than separate special schools.

The extent to which de-segregated arrangements can be developed has yet to be determined, as has the degree to which integration in the widest sense may result from them. There is as yet little

agreement on the precise criteria which should be used to evaluate special education in general and de-segregated arrangements in particular. Nevertheless, the examples outlined later in this study indicate that there is now a basis of experience on which further developments could take place. Much will, however, depend on changing attitudes, particularly those of professionals with a vested interest in separate special education and those of teachers in ordinary schools.

IX. THE EDUCATIONAL SYSTEM

Every country embarking on the process of integrating children with handicaps into the mainstream of compulsory schooling has to start from the educational system it has got. Norway, in fact, has taken the fundamental step of introducing moves towards integration designed to achieve equality of opportunity in all aspects as part of a complete reorganisation of its educational system. (See Part II) Elsewhere, however, the progress of integration policies may depend very much on the extent of helpful conditions for change in the existing schools system, and the current political and social pressures affecting them.

The school, through its curriculum and organisation and through the aspirations of administrators and teachers, conveys the values of the community it serves. In some countries changes in the compulsory school have led to a reduction in competitiveness and attempts to meet a wide range of individual educational needs within the ordinary class. In others, where there is a heavy investment in a separate system of special schools, there is a much less fundamental reappraisal of the attitudes and approaches of ordinary schools to individual disabilities and special needs.

The extent to which ordinary schools cater for individual differences and accord dignity and worth to all pupils, whatever their level of performance, are important factors. This applies both in the way in which the schools are prepared to meet those special needs which arise in the pupils who now attend them and those which may be placed in them following the abolition of separate provision.

The basic school system in most countries is under a number of pressures to change, among which the acceptance of handicapped pupils is but one. Raising the academic standards of all pupils and better preparation for work and citizenship are commonly accorded first priority. These objectives are seen by many as incompatible with creating conditions to meet the needs of children with severe and complex disabilities. At the same time, there are marked differences of opinion between those who believe that de-segregation is a process confined to helping a handicapped pupil to adjust and conform to the methods, standards and values of the ordinary school and those who

believe that to achieve integration the basic school system needs to be fundamentally changed to make a more appropriate and flexible response to individual needs.

The means of creating changes in school are through modifications to the organisation, curriculum and teaching methods. There will be variations according to the age range of pupils taught, the degree to which a class teacher covers the curriculum and to which specialist teaching of subjects occurs, the extent to which there is team teaching and the extent to which at the older ages pupils are grouped according to their level of academic performance. Decisions on these matters crucially affect the extent to which ordinary schools become expressions of the concept of integration as socially cohesive and caring institutions. Where there is a rigid system, preoccupied with academic achievement, where pupils are expected to make all the adjustments and there is little adaptation to individual variations in temperament, cognitive style and abilities, much has to be done to create an appropriate climate for integrative activities.

The curriculum and organisation of schools is determined by central government in some countries, by local school boards in others and one or two cases in a large measure by the individual school. In some school systems the general aims of compulsory schooling are primarily concerned with academic standards, while others include an increasing emphasis on social awareness and responsibility. These factors have to be taken into account in reviewing special educational arrangements, since they may set some limits on the degree to which the aim of integration can be achieved, at least in the immediate future.

Pupils are not only influenced by the planned curriculum in their attitudes to individual differences and needs. Their attitudes and values are also formed by the less formal social climate and hidden curriculum of the schools they attend. The equality of the opportunities available is shrewdly assessed by older pupils. Many school systems are concerned to reshape their curricular aims to be more compatible with the aspirations of older pupils.

In Norway, for example, the concept of educational equality has changed in recent years. At first it was defined as an equal right for all children to receive education. Education equality next came to be seen in terms of the opportunities and resources within the school system which should be fairly distributed to all pupils. Now, as a consequence of serious thought about individual differences, educational equality is a concept being related to the outcome of schooling. This is not seen in terms of minimum academic standards, but in terms of the quality and appropriateness of the education and training provided in relation to an individual's needs. In such a system "special education is not provided for handicapped children but for any child or youth who does not (temporarily or for a longer

period) profit from ordinary education or who needs a more individually adjusted environment provided in local schools, in addition to a substitution for ordinary education."(1) Such an approach establishes special education as a normal function of the ordinary school.

Where ordinary and handicapped children are more sharply divided by administrative arrangements and by the curriculum offered to them, opportunities for de-segregation and integration may be more limited and afford opportunities only to those pupils whose levels of achievement are within the range appropriate for their age groups in ordinary classes.

A further factor in the compulsory school system is the age at which subject specialisation occurs, where different levels of achievement may determine what vocational and higher educational opportunities are available to the individual. When a common curriculum is planned up to the end of the compulsory school period, usually 16 years of age, specialisation according to interest, aptitude and attainment may be delayed until after that age. However, where earlier specialisation occurs, additional hurdles may be placed in the way of integration. In England, for example, a choice of courses normally takes place at the end of the third year of secondary schooling (about 14 years of age). In the final two years, subject and examination targets will be selected which may significantly influence later educational and vocational choices. Such arrangements, often resulting in the grouping of pupils by ability and attainment, influence the kinds of integration which are possible.

Those concerned to promote integration see the ordinary schools as one of the principle means by which it can be achieved. Within the ordinary school can be found all the elements which promote or impede societal integration. The school can promote positive attitudes to, and relationships with, individuals with disabilities which can be carried into adult life. Two questions are commonly asked by professionals working with handicapped children and by others in favour of integration. "What are the characteristics of a good school for integration?" and "What actions create change in schools to develop these characteristics?"

In many respects the ordinary school acts as a social filter for all children who attend it. The values which determine the aims of the school may be those of influential groups in society. As a result they are often narrowly conceived and unduly influenced by the aspirations and interests of one class or group. Education systems in the countries participating in this study have been changing their curricula from one originally devised for an educational elite, to

---

1) See Part II, Vislie, L.

ones more broadly based and appropriate for all children in school. These changes have been stimulated by an awareness of the alienation of some older pupils stemming from their lack of identification with the aims of school, and their lack of personal achievement. It is common for educational arrangements in ordinary secondary schools to be inappropriate for between 20 and 25 per cent of the children who attend them.

The integration of individuals with disabilities and significant difficulties confronts the school with these issues in a dramatic way. It poses the question of how far a school is prepared to plan for and meet a wide range of different educational needs, not just those of more obviously handicapped children.

On the one hand, schools may continue to assume that sharp distinctions between handicapped and other children exist and to see de-segregation as only possible where handicapped children are capable of adapting to their programme. They may rely on improved technology to enable such children to make progress and may not see the necessity for the complete review of their organisation, curriculum and methodology which is often required. The possibilities of new and advanced technology for the handicapped may be seen as a solution, when in fact it is a smoke screen hiding the need for the school to adapt to the varying needs of all its pupils.

On the other hand, schools which take a broader view will recognise that a significant proportion of their present population may require special consideration. By attempting to meet a wide range of individual needs and seeing special education as embracing all the learning and behaviour difficulties which arise, as well as traditional kinds of handicap, steps may be taken to review the school's programme for its less successful pupils. The actions resulting from such a review are likely to result in more favourable attitudes to the de-segregation of pupils with more severe and complex problems.

A good school for integration will be one where all staff and pupils recognise and accept individual differences and will be a community where individual worth will not be solely dependent on academic achievement. Such a school will be characterised by positive attitudes and aspirations, together with awareness of the needs of the less successful, the disadvantaged and the handicapped on the part of all staff. Informed and committed leadership and good relationships with medical, psychological, social and welfare services are also important criteria. The curriculum, and the way it is taught, will emphasize social as well as academic values and the school's organisation will facilitate personal development through the careful supervision of individuals. Such schools at their best are easily recognised but hard to describe, since an atmosphere is created to which all adults and pupils contribute by mutual respect and understanding.

Even in the most successful schools in terms of their understanding and provision for special educational needs, a number of problems continue to exist. Among these are the abilities of schools to provide different curricula for groups of pupils which are equal in status, the range and degree of individual differences which it is reasonable to expect a teacher to manage in a teaching group, and the number of different programmes to meet individual needs that a teacher can supervise effectively. The relationship between following an individual instructional programme and learning as a member of a group is not clearly articulated. To date research evidence and experience have provided no clear-cut answers.

The problem of creating change within schools to facilitate integration is a common one. Self-evaluation by schools of their work is an important starting point. An adequate system of assessing and recording individual progress is essential if individual special needs are to be known and the effectiveness of current arrangements for them ascertained. The process of self-evaluation will also include a definition of the schools resources to meet these needs and the contribution possible from supporting health, psychological and social services. Defining individual needs and the limits of what is possible within the school are essential starting points which together with an evaluation of the schools programme for all children may lead to more positive policies.

As a result of this evaluation, a school policy can be developed in collaboration with other services. All the staff should be involved in formulating the policy and in deciding how to put it into effect. Necessary school-based in-service training can be planned and ways of implementing co-operative teaching between special education and ordinary teachers developed. Creating changes in these ways will have much wider implications for the school than improving provision for those considered handicapped.

They may have the effect of creating greater understanding in all pupils of individual differences and reducing the extent to which any school may act as a social filter in relation to continuing education and opportunities after leaving school.

Administrators and members of educational support and advisory services may have to stimulate such activities where schools do not undertake self-evaluation. They will certainly have to give a lead in providing guidelines on how to do it, since experience of evaluation exercises is still comparatively rare. In England, Inner London and Oxfordshire are two local education authorities who are conducting experiments in self-evaluation in the ordinary education system, and the lessons that can be drawn from such exercises will obviously be invaluable as the movement towards integration grows. It is difficult to generalise about other methods of inducing change, but in-

service training for senior staff to promote awareness of special educational needs and necessary conditions for integration is commonly agreed to be an important first step. It is important to reiterate that policies for integration have to be viewed against the background of the aims and organisation of the compulsory school system in each country. What is facilitated in one may be frustrated in another. Above all the attitudes, values and practices of a school system, and of individual schools within it will be crucial factors in progress towards integration.

X. PROFESSIONAL BARRIERS TO SERVICE DELIVERY

The ways in which different professions work may prove to be barriers to the forms of service delivery considered to be an essential part of successful integration. Reference has already been made to the way in which different professions have pioneered forms of diagnosis, assessment and treatment which have influenced the categorisation of children. This study also shows how the traditions and preoccupations of medical, psychological, social work and special education personnel have been major factors in the nature and pace of progress towards integration in Member countries. Expertise and skills of different kinds have been acquired, territories and spheres of influence mapped out and patterns of working hallowed by tradition.

Specialists have been encouraged by society to deal with problems with the minimum intrusion into the everyday patterns of living of the majority. It takes a considerable effort to change public attitudes and the willingness of special educators and other professionals to provide their services in a community setting and in ordinary schools is an important factor in working towards societal integration.

The extent to which different professionals accept societal integration as a desirable end varies, and the influence of their views on policies may depend on the political and social situation in which they are working.

There are a number of ways in which professions may inhibit moves towards de-segregation. Some wish to have complete control over the treatment, care and education programmes for particular groups of children in premises within their own sphere of work, for example, hospitals, special institutions and special schools. Some consider the concentration of groups of children with handicaps in special schools and classes essential as a means of economy in the use of scarce professional time. Yet others find it difficult to develop co-operative patterns of working in institutions managed by other services, for example, ordinary schools.

There are also difficulties in team working where professional hierarchies of influence are firmly established. These issues may be

exaggerated by personalities and traditions and may be overcome by training and experience, but they remain stumbling blocks on the road to integration recognisable in almost all countries. The need to place sufficient people in different categories to justify a service is also relevant. Some research suggests that this has a negative effect particularly on those less severely handicapped:

> "Conditions such as total blindness, total deafness, or severe retardation are rare ones in our population. It is difficult to justify national or state programmes for people with these impairments when programmes are limited only to those who are the most severely impaired. Moreover, such programmes can hope to expand only so long as the populations in need are large ones."(1)

Special education teachers may also over-emphasize the special skills and experience they have in contrast to the competence of ordinary teachers. They may seek to overprotect children with handicaps and support separate provision when it is unnecessary. Teachers in established separate special educational arrangements may have a vested interest in maintaining the status quo. Considerable preparation and in-service training is necessary to change attitudes and practices.

Radical changes in some countries, for example, Italy, have challenged existing practices and led to a new attitude to professionals and the nature of their contribution. Such social and political initiatives which seek to create greater equality in society, enhance the potential of ordinary citizens and workers to help those with disabilities and question the status, training and contribution of specialists. This approach has resulted in a greater expectation that teachers in ordinary schools can take responsibility for children with special educational needs, that their ability to deal with the problems that face such children is greater than generally recognised and that the gap between what they have to offer and specialist expertise is less than they and other professionals assume to be the case.

Professional specialisation should be limited to those areas of the life of a young person with a handicap for which it is directly relevant. Every attempt should be made to encourage the non-specialist and the young people and adults who come in contact with the handicapped to gain confidence in associating with them and to recognise the contribution they can make to societal integration. One of the results of successful arrangements for de-segregation has been the partnership between specialists and non-specialists which has

---

1) Scott, Robert A. op.cit.

developed. This does not come about without planned opportunities for working together as the experience in Madison, Wisconsin shows.

Advisory and support services of all kinds are important if ordinary schools are to develop confidence and skills in helping pupils with special needs. However, there is always the danger that the existence of special services will lead schools to believe that there is provision elsewhere which is more appropriate for children with learning and behaviour difficulties. Many schools have in the past tended to refer children for assessment on the assumption that alternative forms of education outside the school are the normal outcome of the interaction of advisory and support services. The move towards integration implies new attitudes which see school-based solutions and co-operative patterns of working within the ordinary school as the primary aim of collaboration. If a range of health, special education and social services are regularly available to all schools, and work within them, professional competences come to be seen as similar to other specialisations within the school for curriculum subjects and personal guidance, part of a normal range of resources. The more professionals with particular skills and experience change their methods of working so that they can move out from special centres to provide their services wherever an individual who needs them is living, being educated or working, the less specialist help will be limited to separate professional territories which encourage segregation. The setting up in Norway of pedagogical-psychological service centres to advise on provision for all children within a local area was regarded as a prerequisite for the success of an integrated special education policy, as was the establishment of inter-disciplinary teams to plan, co-ordinate and evaluate progress.

By fostering the idea that there are groups of children with special educational needs, the professions concerned have established and enriched the field of special education. They have developed methods, curricula and forms of treatment which have made the lives of such children better and their opportunities in life wider. At the same time, these positive steps have had the effect of separating special education from ordinary education. Moves towards de-segregation and integration require that all the professionals concerned share with ordinary schools the means of solving problems co-operatively.

It is one of the challenges of the move towards integration that services should be available in circumstances appropriate for the individual and not those necessarily determined by the preferences of professional and specialised services. There are professional barriers to service delivery but examples of innovations in Member countries discussed at greater length in Part II show that it is possible to overcome them.

XI. A COMPLEX PROCESS

All children as they grow through adolescence to adulthood may experience inclusion in and exclusion from different groups. This is a social reality which faces everyone. The situation of young people with handicaps is in one respect no different from others in that their personal characteristics and relationships with others will influence the social groups to which they belong, but it is still a fact of life that different kinds of disability evoke different degrees of sympathy, tolerance and understanding among others.

Some people distinguish three aspects of integration all contributing to a fourth, societal integration. The simplest kind involves physical proximity. The presence of children with disabilities in the same physical location as other children may bring increased awareness of each other and some understanding of each other's behaviour, even where there is no social interaction. Physical integration is therefore an important starting point.

Social integration is a second aspect. Children and young people may share the same play facilities, the same classroom and the normal activities of everyday life. This extension of physical proximity will normally result in interaction between children with handicaps and others at a simple level, but often more active steps need to be taken to foster shared social activities, which may lead to the more developed forms of social integration which all children are expected to develop in childhood and adolescence.

The third aspect of integration occurs when learning experiences are shared. Such functional integration has implications for curriculum development and its success may depend on the degree to which children with handicaps can learn the same things together with others. The extent to which individual education programmes need to have common elements if a school class is to be effective is still uncertain. However, there are an increasing number of young people, particularly those with physical and sensory disability, who are now able to take a full part in the educational programme of an ordinary class and who can be said to be functionally integrated.

All these concepts are evident in the special education, vocational training, work and recreational arrangements made in many countries, but they are incomplete unless they contribute to societal integration. Societal integration is achieved where the individual with a handicap or special difficulty becomes a natural and accepted member of the ordinary communities and groups in which he lives and works. Such integration involves adjustments and positive attitudes on the part of all members of the community. In this sense societal integration is both the realistic objective of other aspects of integration for some and an aspiration in an imperfect world for others.

The previous sections of this chapter have outlined the factors which influence attitudes and progress towards integration. The social climate, educational system, together with legislation and patterns of funding are all important. The opinions and experiences of different professionals and the understanding of the general public are other influences. And above all the age of the child or young person, the nature and degree of his disability or difficulty and the ambiance of the ordinary school are crucial. Moving towards societal integration is a complex process about which few generalisations are possible if the needs of individuals are to be considered. It involves not just those most closely concerned with special education, but all concerned with schools and community services and is therefore an education process for everyone.

Real advances have been made in many countries in recent years either as a result of government action or as a response to local initiatives and pressures, and more may be known about the process when present measures have been evaluated over a longer period. Arrangements for placement in ordinary schools are not acceptable if integration does not follow and if individual children with handicaps become isolated in ordinary classes. On the other hand, there are many fears about the effects of such placements that are more apparent than real and only by trying and evaluating new approaches can we discover what might be possible. Greater efforts towards integration can be made with a full understanding of all the factors involved, many of which are discussed in more detail in later sections.

Part II

CASE STUDIES

I. INTRODUCTION

The first part of this report reviewed the major issues which have arisen in the seminars and papers produced during the study. Its aim was to explore the topic of integration in a social as well as an educational context and identify trends in Member countries. Part II provides the evidence of progress and more substantial data, through a number of papers specially written for the project.

Each of these papers has been chosen to illustrate a different approach, either through a detailed consideration of practices in Member countries, or of the thinking which illuminates them, and the two threads can be seen to be interdependent.

Two crucial ideas which have dominated this study of integration need to be grasped if any such policy is to be effectively implemented. One is that integration may take place on three levels - physical, functional or social - and that one does not automatically lead to the others. The other is the concept of service delivery: any special help a child needs can be delivered in the ordinary classroom, rather than in a special place chosen according to category of handicap. Both these ideas are discussed in this section, in theory and in practice.

The first paper, by A. Labregère, is a study of the concept of integration and of the many factors which can influence its implementation. He analyses the different needs of individuals and the idea of levels of integration first put forward by Marten Söder (who also contributes a study on the Swedish experience).

The other papers documenting or evaluating experience in Member countries all to some extent demonstrate aspects of Labregère's analysis. Dr. Lise Vislie sets progress in Norway within a wider context of educational reforms and illustrates the interdependence of ordinary and special education in the light of an integration policy designed to achieve equality of opportunity throughout the education system. Inside this framework, special education can still be organised in different ways, and specialist support delivered.

The paper by J.R. Fish summarises the thinking of the Warnock Report, published in 1978. This report was produced by a committee of inquiry which examined the existing system of education for special needs in England, Scotland and Wales and made recommendations for its future development. These were evolutionary rather than revolutionary in character, but recognised the right of the handicapped to uninhibited participation in the activities of everyday life. Legislation to

abolish categories of handicap is planned in response to the report's conclusion that categorisation perpetuates the sharp distinction between two groups of children - the handicapped and the non-handicapped.

A paper by Tony Lainé illustrates and comments on new practices in France aimed at reintegrating handicapped young people into community life and school, and the way integration helps recovery by an interactive process. He observes that it is as necessary to reshape the environment as it is the individual who is handicapped.

This is a thesis explored at greater length by Nicholas Hobbs and his colleagues, who outline an enablement plan which would, in a changed eco-system, allow services to be delivered flexibly to individually assessed needs. They describe its use as a tool in the employment of handicapped adolescents, but the same principle can be applied to schooling.

It is indeed so applied in the Madison district of Wisconsin in the United States. Dr. Lee J. Gruenewald and Mr. Jack Schroeder describe the development of mainstreaming in this school board with particular reference to service delivery, the techniques of creating change and the importance of collaboration between ordinary and special education teachers. Mainstreaming "in the least restrictive environment" permits different forms of organisation.

Finally, the section includes two evaluation studies, one research-based and the other illuminative. Marten Söder has studied the effect of group de-segregation in Sweden and its influence on integration, and Dr. Vislie has contributed an outsider's view on developments in Italy. She finds a much clearer definition of integration in Italy than elsewhere, with no half measures allowed philosophically. All handicapped children have the same legal and human rights to education in the same form as everyone else - "an invitation to join the normal conditions of life" - even if support services are lacking.

Part II, then, provides information on the variety of ways in which an integration policy may be implemented, and common ideas might be applied, and the part that administrative and financial strategies can play in advancing progress. It also points to some of the lessons to be learned.

Of the original papers commissioned by CERI for this study, some editing has taken place because of the length, but every attempt has been made to preserve the content and balance of the original.

II. CHANGES IN THE EDUCATIONAL SYSTEM FAVOURING INTEGRATION

by A. Labregère

Inspecteur d'Académie, Chef du Service Académique
d'Information et d'Orientation, Délégué Régional de l'ONISEP,
Limoges, France

GRADUAL EMERGENCE OF SEPARATE EDUCATIONAL FACILITIES

The Generalisation of Schooling

Every country, before school attendance became general, had arrangements for segregating certain handicapped groups (asylums, then specialist institutions for the blind and the deaf, with a gradually emerging role of preparing them for working life, and later on, of educating them).

In countries which have made compulsory schooling effective, the second phase in the development of special education structures appears to have been a direct consequence of this general school attendance. Standards are introduced (levels, learning speeds, programmes, architecture, discipline) geared to the general run of pupils, and by comparison with these some deviants appear. If the principle of universal schooling is nevertheless to apply to these children too, they can be catered for in one of two ways: parallel structures with different standards can be created for them, or they can be excluded.

The gradual prolongation of compulsory schooling, making the school more directly responsible for young people's entry into the labour force, inevitably makes the problem more acute and speeds up the double process of expanding and diversifying the parallel facilities.

Two analytical models for this trend are generally advanced.

Pedagogical

The pedagogical justifications for developing special educational structures seem to apply at two levels.

a) At the level of the handicapped child.
   It is postulated that an ordinary class does not provide an adequate environment for the child's development (because it makes him more acutely conscious of being

different, lacks the special teaching aids and facilities he needs to cope with his disability, and cannot provide an education which is appropriate to his needs in terms of programmes or methods).

b) At class level.
It is postulated that a handicapped child disturbs his classmates, either by behaviour incompatible with group harmony or by disrupting the group's internal dynamics based on emulation and competition.

Sociological

It has become standard practice to show that there is a close link between trends in modes of production and lifestyle (urbanisation, changing family structure, division of labour leading to a hierarchy of tasks and social status, concern with output, competition and selection).

There is a broad spectrum of types of provision for the handicapped, ranging from some with no integration at all to others in which integration tends to be the rule, and it is possible to note a remarkably close link between a country's system of special education and its other social, political and economic features.

The link becomes clearer still to anyone who studies the history of the system concerned and picks out those elements which are obviously foreign borrowings and not consistent with its main components.

THE QUESTIONING OF SEGREGATION

A First Set of Studies Focused on Pedagogical Considerations

For two carefully matched samples of handicapped children, a comparison was made of the immediate effectiveness of the education received by those in a special class as against those in an ordinary class.

The result was surprising: the children receiving special education in a separate class did not perform noticeably better than those in the ordinary class.

More recent studies have analysed this further. Emanuelsson (L'Education pour l'adaptation - l'école dans une perspective à long terme, 1977) followed a disadvantaged group for 35 years; he showed that while education in special classes had positive results in the long term for some members, there were many cases where being explicitly identified as different tended to label them for life, with unfavourable consequences.

Stangvik (1979) tries to explain these findings by showing that special education is not, strictly speaking, just better adapted.

Unconsciously it is a vehicle for cultural and social values that differ from those conveyed in a normal class. It is adapted to the image that is formed of the handicapped individual and finally the two images, the teacher's of the pupil, and the pupil's of himself, are reinforced as they adjust to each other and reinforce the difference.

The pupil feels more comfortable in a special class than in an ordinary class; he over-rates his performance because there is no objective yardstick and the teacher tends to make the most of it; he therefore sees no need to do better.

Sociological studies, because of the links referred to above, tend to show that purely pedagogical arguments, both when they are advanced in favour of creating and developing the network of separate classes and institutions and when they seem to challenge it convincingly, are not the principal determinants of change. The real determinants, it is suggested, are deeper and consist of the network of relationships between man and production, from which stems the relationship between man and society.

Thus, the argument is that once a society becomes "post-industrial" and begins to question the idea of unlimited growth of production, yield and profitability, it rediscovers a number of human values, represented fairly well in the concepts of quality of life, coexistence, right to differ, respect for the environment and lifestyle. The focus is no longer on dominance relationships stemming from the mode of resource distribution, but on the quality of the relationships between people.

The question of the consensus now emerging on integration is of considerable importance.

It can perhaps be summarised as follows: the idea that, instead of being identified as soon as possible and put into special classes, handicapped children should be integrated into ordinary classes was a new one just over ten years ago. It disconcerted many specialists and seemed paradoxical in that it conflicted with the pedagogical arguments in favour of special classes referred to above.

Ten years later, although the idea has not altogether convinced practitioners as a whole (perhaps because it would involve such difficult challenges to their thinking) it does seem to have won over the great majority of the parents of handicapped children and, especially, the broad range of administrators, educationalists, etc. with responsibility at various levels for running this sector.

Arguably, it should come as no surprise that many convergent studies showing the advantages of special classes to be merely relative should have convinced all who reflect on the future of special education. But to observe what is actually happening is to recall the sociologists' link between types of provision and the society served, so wide is the diversity of practice. This raises questions

about the extent of the consensus, its content, and the obstacles to be encountered in implementing it.

In the first place, therefore, it is essential to establish what practices are covered by the cerm integration.

DIVERSITY OF INTEGRATIONAL PRACTICES

From the beginning, it seems clear that there are considerable differences between policy objectives claiming to derive from a decision in favour of integration. Such differences relate to:

- forms of integration
- levels of integration
- groups to be integrated

Forms of Integration

These cover a very wide range and may be grouped, for analytical purposes, into three major types:

a) Placement in a long-stay special class attached to an ordinary school.
This involves labelling the child once and for all; it is open to all the psychological and pedagogical objections mentioned above, however often, and for however long, he joins the non-handicapped pupils (meals, recreation).

b) Placement in short-stay special classes (waiting, adaptation, observation, compensation, induction, etc.) has the advantage that the labelling is perceived as temporary, but is open to the same objections.
- A variation: "scattering" (of children from special classes into ordinary classes for a certain number of hours) does not remove the objections.

c) Individual placement in ordinary classes is the solution for which the name of integration should be reserved. This again can take several forms:
- "unassisted" integration, characterised by the absence of technical aids or specialist support to help the child;
- "assisted" integration where the ordinary class facilities are supplemented or corrected as necessary by peripatetic professionals (specialist teachers, medical auxiliaries, etc.).

These supplementary services themselves pose a problem. Since they are provided in a different location from the ordinary class, replace ordinary school activities, and

are for the handicapped children only, they are liable - however good technically - to amount to a kind of labelling, dangerously singling out the child concerned and acting as a disincentive both to teacher and pupil. In France, therefore, such specialists are advised to work as far as possible through the ordinary class teacher, in the ordinary classroom, with groups including the handicapped child (for example, a speech therapy exercise for a deaf child in an integrated setting is also an elocution lesson for other pupils with speech difficulties)

In conclusion, a distinction must be made between de-segregation, e.g. replacing a specialised institution by ancillary classes, and integration, which is the placing of the individual in an ordinary class.

Levels of Integration

Looking at integration experiments in different countries, we notice that individual integration into an ordinary class is by no means identical everywhere. For analytical purposes it may be convenient to follow Marten Söder in distinguishing three types of approach.

a) Purely physical integration: the child is placed in an ordinary school but takes little part in classroom activities and has little communication with the other pupils.
b) Functional or pedagogical integration is achieved when the child's activities are the same as those of his classmates or have a significant link with them. This may be limited to some particular activities (physical education, musical education, handicrafts, cultural and orientation activities) or may cover a substantial proportion of ordinary classroom activities.
c) Social integration is achieved when the handicapped child plays a genuine role in the group formed by his class, has meaningful exchanges with his classmates, benefits from genuine solidarity and from the mediation of the other members of the group, and has the feeling that he belongs to the group.

The different approaches can be regarded as a continuum. Physical integration is less than pedagogical integration, which is less than social integration.

They are also cumulative. Social integration presupposes that pedagogical integration has been successfully achieved, and pedagogical integration presupposes physical integration.

It goes without saying that the objective should be social integration. Where only pedagogical or, a fortiori, purely physical integration can be attained, the advantages must be weighed against the disadvantages; only on the basis of this assessment can we determine whether or not it would be desirable.

The Scope of Integration

Another reason why diversity of practice gives the misleading impression of a genuine unity of opinion, apparently arises out of differences in how high the sights are set in respect of the nature and gravity of the handicaps concerned.

The nature of the problem changes considerably according to the category concerned.

a) The problem can be an essentially physical or architectural problem, for certain motor handicapped pupils with normal intellectual and sensory abilities and with sufficient manual dexterity to handle classroom materials.

b) The problem has predominantly pedagogical aspects when the pupil has learning difficulties associated with a sensory handicap (visual, hearing) or with slight mental retardation, or such factors as learning rate, selective difficulties (dyslexia) or minor behavioural disorders.

c) The problem often has predominantly psycho-social aspects:
   - in cases of severe intellectual disability or serious personality disorders, it is obviously difficult for the pupil to be immediately accepted by his classmates and a considerable joint effort is required if such a pupil is to attain an acceptable status and role. It should be emphasized here that there is general agreement that children, especially the very young, have a spontaneous aptitude to accept the difference and not be obsessed by it;
   - but the pupil who is slightly retarded or has a mild personality problem also poses psycho-social problems. Insofar as such a pupil is not unduly differentiated by his appearance or the seriousness of the handicap, the effort of adjustment to be made by the others to understand and accept him seems to challenge the dynamics and rules of the school institution. Such a pupil contradicts the implicit equation of value or merit with quality of attainment (the relationship between learning speed and amount learned), diluting competition, and potentially undermining emulation. Pupils in this category more than any other risk purely physical integration combined with a wretched

social status (always the dunce, the bad pupil or the one with no friends); most teachers consider that whatever they do, such a pupil will discourage the others and, as they say in France, "lower the level of the class".

d) The importance of each of these aspects varies again according to countless other factors, of which the most important are:
   - the age of the pupils and the level of autonomy generally associated with age. It is fairly easy to integrate a blind child who has mastered braille and can move about independently, or a deaf child who has ceased to be mute, is able to lip-read well and can speak intelligibly. But to integrate the same children a few years earlier would have raised enormous problems;
   - the pupil's intellectual level: obviously, social integration of a handicapped child is easier if his intellectual qualities help him to succeed;
   - the personality of the pupil, the way in which the handicap is accepted, the personal discipline he has learnt, his sociability and "social skills";
   - parental help which itself depends on various factors: their acceptance of the child's handicap, their availability, and their own pedagogical skills.

This summary of the problems bearing on the scope of integration chiefly shows that we should dodge the real issues if we were merely to conclude with the slogan "as much integration as possible, as much segregation as necessary". The real issues are doubtless concerned with determining the limits of the possible and the desirable. Ethical values are involved, and a categorical reply would require experiment on a fairly wide scale to be meaningful. However, it can be assumed that the possible and the desirable have no immutable objective limits but closely depend on a number of features of the ordinary school system (and of the collective unconscious which to some extent determined them). It is therefore necessary to list the changes that would be required by "total" integration, i.e. integration for all the handicapped.

CHANGES THAT WOULD BE REQUIRED IN THE SCHOOL SYSTEM IN ORDER TO INTEGRATE THE HANDICAPPED

Physical Changes

These spring most readily to mind, and ultimately involve the smallest changes in operation. They usually relate to school architecture, which has to solve problems of:

a) Accessibility

In some schools, mainly in rural areas where building land is less expensive, the existing school needs no alteration to accommodate physically handicapped children in wheelchairs or on trolleys.

In other cases, various alterations may be necessary. Many countries have introduced architectural standards mainly concerned with vertical movement (lifts, ramps), horizontal movement (width of doors, nature of floor-coverings to prevent sticks from slipping, hand rails, design of door-handles, etc.) and toilet facilities. But where the architecture is not ideal, classmates and adults can help. Ideal premises, though not essential, do help the handicapped child to be more independent and facilitate a better degree of integration.

b) Problems of sensory comfort

A class containing partially sighted children (vision between 1/10 and 4/10 of the better eye after correction) requires a certain quality of natural and artificial lighting (spectrum quality, high illumination level on working surfaces and on the blackboard, diffusion quality to avoid shadows, with no reflections from shiny furniture, and no dazzle from a light source within the visual field).

Auxiliary lighting can often be helpful, but is no substitute for treating the premises as a whole.

The above applies equally to occupational training workshops, where machines often require adaptation so that they can be more effectively used by the partially sighted (applying bright, contrasting paint to those surfaces which must be well perceived, anti-reflection coatings to unduly shiny parts, auxiliary lighting, etc.).

Children with hearing impairments (deaf or hard of hearing) have become much easier to accommodate in an ordinary class with improvements in hearing aids (better performance, miniaturisation, individualisation).

The level of amplification attained means that the premises need to have good acoustic quality and may therefore require adaptation (noise insulation, shortening reverberation times).

It is worth pointing out that the gain in comfort from both types of adaptation (lighting and acoustics) benefits not just the handicapped children but the whole class (provided the gains are maintained within a significant range) and that the main consequence of the presence of handicapped children has been to draw attention to standards of comfort which are definitely necessary for the whole class but are often ignored.

c) Safety problems

Some thought must also be given to arrangements for the handicapped child in the event of panic or fire.

The most obvious case is that of a motor handicapped child in a class located on an upper floor, or who has to go upstairs for

particular activities, once the problem of getting there has been solved by installing a lift. One solution is to treat the lift itself (by fire-proofing all its components and accesses, and providing an emergency electricity supply); another is to fit outside escape ramps (with a maximum slope of 5 per cent, and some level sections to prevent wheelchairs from running out of control).

For the visually handicapped, amblyopic children need luminous red markings indicating certain switches and particular routes. But for the blind, audible alarm signals are desirable. In both cases, special care must be taken about obstacles and "booby-traps" in the design of the premises (sharp edges, unguarded holes, etc.) a precaution which, needless to say, is just as important for the ordinary children.

For those with hearing handicaps, the most important point is to provide visual alarm signals in addition to the audible ones.

d) Internal fittings and furniture

Children with motor handicaps often need specially fitted lavatories (dimensions of doors and compartments, door openings, support rails), and sometimes special furniture so that wheelchair arms can go under the desk; these are usually quite simple problems.

e) Technical aids

As in special classes and institutions, the handicapped child in an ordinary class must be provided with the special equipment he needs:

- a child with a motor handicap involving the upper limbs often needs a typewriter, sometimes with a guard (for some athetoid children), sometimes minor adjustments to ordinary instruments (thicker pencils and pens) and sometimes complicated instruments for movements he cannot perform (electrical page turners, etc.);
- for the visually handicapped, a range of instruments may be needed for transcription in relief (braille slate, braille typewriter, cubarythm slate, instruments for tracing in relief, measuring instruments marked in relief, etc.). Those with some visual ability will be helped by the various types of magnifying glass or combinations of enlarging lenses and illumination (projectors).

In both cases, more complicated units (the Optacon, which reproduces black print as raised, palpable surfaces, and the talking calculator) are of great value.

Functional or Pedagogical Integration

While "physical" adjustments to the school mainly raise questions of disseminating information and financing (for installation and maintenance), adjustments to allow "functional" integration, the effective

participation of the child in the class, involve much more substantial changes in customary practice which can be analysed as follows:

a) The problem of medical supervision and rehabilitation

Many handicapped children require careful medical supervision (progress of the disability, effect of treatment, supportable effort, etc.) as well as treatment and rehabilitation (physiotherapy, speech therapy, psychotherapy, orthoptics, etc.).

These, it might be felt, should be the responsibility of the family (or of social or medical/social services outside the school). But this leaves the problem of pupils who do not receive these services, either because the family does not bother or because the service is under-equipped. Often there is the problem of overloading the specialists who should see the children after school hours, at a time when they are more receptive. On the other hand, this practice has the advantage of discretion so that it need not label the child concerned.

In other cases, the specialists visit the school, which sometimes installs the equipment and special premises they need (physiotherapy table, heated swimming pool, table amplifier, etc.).

Either way, it is important that teachers and other specialists should be in continuous contact and join in a concerted approach, enabling them to have a finer perception of the child's problems on the basis of better co-ordination of their various services.

That is the first kind of change for a school when it has to make room for, or co-ordinate its work with, non-pedagogical services.

b) The problem of specialised pedagogical support

Obviously, integrating handicapped children into ordinary schools does not solve the problem of the special pedagogical techniques they may need. To take two examples:

- a deaf child needs to be specially taught how to speak and how to lip-read. This requires the presence of a specialised teacher trained in the special techniques that the child has to learn, and in how to impart them;
- blind and some partially-sighted children must learn braille. Although some countries deal with the problem by asking the non-specialist teacher to use braille techniques when a blind child comes into his class, the usual practice is to call in a peripatetic specialist, who can teach the pupil braille and make the transcriptions necessary for written communication between teacher and pupil.

Other interventions aim at correction or compensation. This applies, for example, to the rehabilitation provided for children with specific difficulties in learning to read. In France there are specialist teachers who carry out this essentially preventive function by intervening as soon as the pupil is seen to be in difficulty.

The essential question raised by such specialised support is to avoid isolating the child from the class into which he is integrated. This can be achieved by fitting the intervention into the pattern of class activity.

This is a second change, and its importance should not be underestimated, since it can lead to a change in teaching practice: instead of one teacher acting on his own, there is a team of varying membership; the teacher remains the permanent member, while the other members come in occasionally to teach some particular technique to a pupil, while respecting the link between this technique and other class learning, and also the link between the activity of the class and that of the integrated pupil.

c) The problem of ordinary class numbers

Since the ordinary class teacher is constantly involved with the handicapped child, co-ordinating his own teaching with that which the other specialists are doing, and coping with the special difficulties - some foreseeable, others not - due to the handicap, it is clear that integration demands a considerable effort from the teacher. Some countries with regulations on teacher/pupil ratios (specifying the maximum number of pupils per class) now apply a weighting factor, which may vary according to the type and severity of the disability for any handicapped child or children in an ordinary class.

Some would object that this is another form of labelling, unduly emphasizing the difference and should therefore be avoided.

d) The problem of information for ordinary class teachers

Clearly, the ordinary class teacher remains in overall charge of the operation. However much outside assistance he may have, and however skilled this may be, he remains chiefly responsible; it is up to him to take stock of all major and minor problems, to ensure unity of action, to evaluate results, and to question the other members of the team.

This does not mean that he has to be familiar with the specialised techniques used by members of the team, but he must have coherent patterns of action and evaluation, and he must know where to turn for advice not available from the group.

This problem is usually dealt with by providing the teachers concerned with general information, and sometimes with information on a particular handicap (booklets, technical books, films) when the pupil concerned joins the class, or alternatively by setting up specialist resource centres, where information on technical aids, and advice from qualified specialists, are both available.

e) Problems of pedagogical organisation

The aim here, it will be recalled, is for the integrated pupil to join in the same learning activities as his classmates, or activities significantly linked with them. In most cases, this is where

the major difficulty lies. But the difficulty can be more or less severe, and various degrees can be distinguished.

Degree 1

Some handicapped children pose only minor problems of adjustment, sometimes involving particular disciplines and calling mainly for ordinary pedagogical adaptation. Intellectually able physically handicapped children with the use of their upper limbs often find difficulty with only one discipline (physical education) and even then may be able to take part in certain activities (swimming, climbing, throwing). For an intelligent blind child with good note-taking techniques, typing ability and ability to move about unaided, the difficulties will also be limited to a narrow field (physical education, drawing, physical manipulation) and need not be insurmountable, if the specialists available to the teacher, or the teacher himself, can devise suitable ways of getting round them.

Degree 2

More awkward is the problem of the pupil with a recurrent or permanent chronic disorder causing repeated absences or limiting his effort. One possible solution is to be found in maintaining a link between the pupil and the school when he is away (distance education, lessons in hospital) and by providing intensive support when he returns to school.

The same type of problem is posed by children whose special difficulties (difficulties in understanding the spoken language for a deaf child, performance difficulties for those with disabilities affecting the upper limbs) prevent them from learning at the same rate as their classmates.

The problem is observed to be all the more difficult when certain pedagogical practices or forms of organisation prevail in the school environment concerned, e.g.

- formal organisation in grade levels of each age-group from the beginning to the end of the school year covering all activities (the pupil profile emerging serves as a criterion for such concepts as forward, backward, success, failure, falling behind);
- organisation of instruction in methodical, carefully-detailed stages, each of which must have been assimilated before the next can be understood;
- teaching oriented towards ex-cathedra lessons and exercises;
- educational content with an "academic" bias.

The most common solution is in more flexible arrangements, providing more genuinely individualised teaching, using differentiated pedagogies. This involves changes in teacher behaviour, in the nature and characteristics of the tasks set to the pupils, curriculum sections tailored to the diversity of situations, motivations and learning rates, though this does not necessarily rule out a certain degree of unification as an objective.

Degree 3

For another category of pupils, the disability goes beyond what might be called an "instrumental" deficiency and involves problems of intellectual development or relational problems. Like the problems referred to above, they justify the use of a differentiated pedagogy, but also require a combination of strategies.

Of these, the best known and probably the most significant is that of "mixed classes". Although pupils are often put into homogeneous sets, it must be recognised that this practice is unlikely to show good results, in that it represents another form of segregation; forming a group of intellectually backward pupils for example, even if the teacher decides to devote a substantial proportion of his efforts to them, inevitably leads to the isolation of those belonging to the group and thus to the dangers of purely physical integration.

A large-scale experiment (5,000 pupils) was conducted in France to evaluate a mixed system in which the main subjects were taught to pupils in homogeneous groups, while other subjects were taught to the same pupils in mixed groups. The results of the evaluation were positive, even though the experiment was seen to have numerous drawbacks concerning certain aspects of its methodology.

The general introduction of a system of mixed classes which followed that experiment has only partially solved the problem, in that the "tolerance threshold" is relatively high. The usual objection is that the presence of one or more less "intelligent", less skillful or less able pupils lowers the "level" of achievement for the group as a whole. This objection is based on a particular idea of the objectives of the school, and on a particular ranking of them.

We must recognise that the integration of severely mentally handicapped pupils raises problems of efficiency or return, which are relatively insoluble if attitudes remain dominated by a traditional view of the school and its objectives, attaching importance to the speediest possible learning of the widest possible range of academic knowledge.

Social Integration

It is probably fair to say that social integration is achieved when the education system:

- allows the child who is "different" both to learn from his classmates and to help them to learn;
- allows him to play an active role in the group and to participate actively in the collective action of the class, whose objective is to learn a set of skills;
- enables children regarded as normal to adjust any preconceived image they might have of the handicapped in the light of their observations in real life situations.

The integration situation thus leads to an approach radically different from pedagogical practice.

The above proposals constitute, in the main, a strategy for helping the "different" child based on the postulate that both handicapped and non-handicapped children are at school to acquire knowledge as a result of teaching and not from a personal practice called learning.

The issue arising to a greater or less extent in any school system, whether or not it integrates handicapped children, relates to the acquisition of knowledge. Is the child expected to acquire an external object broadly constituting knowledge divided by pedagogical technique into differentiated organisations called subjects or disciplines?

The other contention is to the contrary; that the individual attains knowledge by progressive theorisation (generally dialectical or conflictual within a group) on the basis of effective practice.

If learning is thus conceived as progressive theorisation from real practice, we then need to look closely at the characteristics of the practice.

a) Heterogeneous groups are apparently a prerequisite for authentic experience

Learning to be effective needs to be a conquest, the resolution of a contradiction. It needs temporary imbalances, conflicts, adjustments and contributions from other points of view.

The central problem, probably stems from our difficulty in getting away from the idea of "teaching" as an action, consisting of transmitting established truths to the taught (who may very well be purely passive, or politely "active" in performing an action which has itself been taught - "active" methods), and the corollary that it is better if all the pupils have reached the exact stage in that process at which the new item of information is to be inserted.

Is it really credible that a baby would learn to talk better if it had to live in a homogeneous group of babies at the same level, with the only stimulus coming from an adult instructed to teach him to talk in specified stages, as reading is generally taught? Before answering, think about what most countries now do with deaf children.

b) The effective responsibility of the child is the other prerequisite for authentic experience

In its most "active" practices, almost as much as in its most traditional forms, the school usually leaves real life outside its doors, and is content at most to be a guided simulation of life. After all, what goes on at school, as in the army or on holiday, is somewhat in parenthesis, to be assessed in relation to the particular rules of a particular game.

Here again, is it credible that learning to live is possible in an environment which deliberately excludes the real world?

Surely not, for it is in terms of the real world that the child acquires a genuine sense of responsibility, which modifies his relationship to knowledge, justifies or even constitutes his knowledge, and encourages his desire for knowledge.

Consequently, all efforts to encourage the integration of the handicapped into active life after school will remain disappointing until school becomes the place where the handicapped, like their schoolfellows, build up their knowledge within groups carrying on activities concerned with, and affecting, their real-life environment.

CHANGES IN THE EDUCATION SYSTEM FAVOURING INTEGRATION

The fact must be faced that any argument to the effect that handicapped children should be educated within the ordinary system, because of the benefits to them, tends to be regarded as utopian.

The major objection, already referred to, is that it would inevitably undermine the achievements of those pupils whose successful adjustment to ordinary pedagogical practice classes them as "normal".

But matters are apparently neither so simple nor so obvious. Foucambert (in Etude comparée de 4 types d'organisation à l'école élémentaire - Paris, INRP, 1979) shows that, "it is those forms of organisation which are prepared at the outset to allow for individual rates of learning which ultimately achieve the best and most consistent results". In commenting on this, he emphasizes the unfavourable effects, on some pupils, of the haste in so much conventional teaching practice:

- "trying to force the pace" disturbs the individual progress of those who cannot keep up (generally, or at particular moments), ultimately widening the gaps without necessarily conferring more benefit on those who can keep up;
- "insisting on rapid advances means choosing methods which yield immediate results. But it is by no means certain that habits created in connection with these immediate results are favourable to long-term results. This explains

why organisations which take their time, instead of going for immediate results, do better in the end".

It may of course be objected that these findings are from schools which, although much more "comprehensive" than the schools with which they are compared, only include severely handicapped pupils as an exception.

Reflecting on these findings leads to the heart of the problem

a) Schools in which teacher intervention is regarded as an aid to learning, not its cause, are less inconvenienced than others by the presence of handicapped pupils and are not tempted to exclude them by channelling them into special classes.

b) Very broadly, it can be observed that in such schools the improvement of overall performances goes hand in hand with the narrowing of gaps.

c) It is in those schools that the handicapped pupils have a genuinely equal social relationship with their school-fellows and take a full part in the life and activity of the group.

d) Where they break new ground is in taking a different approach to the handicapped (or to pupils suffering any kind of disadvantage). Making limited use of "remedial" (orthopaedagogical), "rehabilitational" and "compensatory" methods which all stem from the idea that teaching, and proper assimilation of what is taught, are the source of knowledge, such schools have decided to tackle the problem, not by importing exceptional strategies to alleviate exceptional difficulties, but by trying to alleviate whatever it may be about the school which puts the child in difficulty.

The project is ambitious, amounting as it does to "making the school evolve in its objectives, standards, relationships with the environment, inter-personal relationships, status of the child, his relationship with knowledge, etc.".

This is what was proposed many years ago by Blonsky (Tâches et méthodes de l'école primaire nouvelle, Moscow, 1947) or, nearer home, by Freinet.

e) Clearly, such a change of outlook has very obvious implications for the questions usually raised in connection with integration.

Asking what kinds and degrees of handicap allow the pupil to attend an ordinary school is to invert the real question, i.e. what is the extent of changes that the school can undertake in the direction outlined.

The difficulty which appears to make this line of argument seem provocative stems from the fact that the verb "can" in the preceding sentence relates to agents of change whose margin of freedom and initiative is limited. They may therefore feel, with some justification, that they are being unfairly criticised by the mere description of an alternative solution whose feasibility is not obvious.

In the first place there are the teachers and it might easily be supposed that change depends essentially on the decisions they make, on their determination and their information. But looking at the history of "different" schools, it is easy to see that the most significant ventures have encountered opposition which, while it has not always destroyed them, has always diminished or extinguished their exemplary value and power of attraction, masking their fundamentally realistic approach by calling them utopian.

This observation usually leads on to another scapegoat: the authorities or the government. But these are obviously an intermediary between society as a whole and the services they make available to society. The difficulty of the problem doubtless stems from the fact that it cannot be solved, or even posed, if the community for whom the service is provided remains a passive consumer of an education system, the characteristics of which are not dependent upon it.

Even if the community served by the school is fully aware of the reproduction function which the school system usually performs and the attendant disadvantages, community demand is essentially a vehicle for the social aspirations of individual members of the group. Then emulation, competition, forcing the pace, selection and exclusion become practically inevitable.

This is where the problem ultimately lies. Beneath the conventional argument underlying various efforts (compensatory and remedial education, readaptation, rehabilitation) made with the aim of equalising opportunities, is there not a persistent undercurrent, deriving from a certain conception of justice, which runs counter to it by conveying antagonistic themes (aptitudes, gifts, merit, etc.).

This seems obvious to anyone probing more deeply into the celebrated "equalisation of opportunities". What opportunities? This takes us back to the organisation of labour and society.

Like it or not, the integration of the handicapped into the normal environment, if it is not limited to the intelligent physically handicapped, poses problems whose solution will not be found only in modifications to school architecture or traditional pedagogy.

It would be a pity to let too simplistic a view of the problem block the avenues that might be opened up by current thinking on this question.

III. AN ECOLOGICALLY ORIENTED, SERVICE-BASED CLASSIFICATION SYSTEM FOR THE EMPLOYMENT OF HANDICAPPED ADOLESCENTS

by N. Hobbs, M.L. Cantrell and B. Mallory

Vanderbilt Institute for Public Policy Studies,
Vanderbilt University, Nashville, Tenn., U.S.A.

INTRODUCTION

The paper proposes that handicapped individuals be classified not on the basis of handicapping conditions, but rather on the basis of the services they require, in order to gain employment and to remain productive in the job. The plan recognises that the individual's occupational success depends not only on his attitudes and abilities, but also on situational factors at home, in the community and in the place of work. We therefore refer to the plan as an ecologically oriented, service-based classification system.

EXISTING CLASSIFICATION SYSTEMS

Currently children, adolescents and adults are classified according to approximately a dozen familiar categories: mentally retarded, emotionally disturbed, blind or partially sighted, deaf or hearing impaired, orthopaedically handicapped and so on. New categories or labels emerge from time to time; thus in the United States the categories learning disability and developmental disability have recently come into use. Other categories may be superimposed upon these: indigent, person in need of supervision, delinquent and so on. The categories are derived from diverse sources including medicine, psychology, education, law, corrections and social services. The terms are useful when communication about a handicapped person has to be only roughly approximate, but they present formidable obstacles to the delivery of services to handicapped people. Here are some of the problems:

1. The classical categories obscure individual differences.
2. Current classification systems assume that the problem of the handicapped individual be exclusively in the individual.

3. An individual is normally assigned to only one category whereas handicapped people frequently have handicaps other than those in which they are classified.
4. Current classifications are based on a pathology model; they are deficit oriented and do not recognise individual strengths or ecological assets.
5. The classical categories encourage the labelling of people.
6. Classical categories tend to be static. They not only reduce expectancy of change of function but they also do not direct attention to developmental and situational changes in the lives of handicapped individuals.
7. The classification system loses people "in the cracks". It is not unusual for an emotionally disturbed, mentally retarded adolescent to be denied services for the emotionally disturbed, because he is mentally retarded, and to be denied services for the mentally retarded, because he is emotionally disturbed.
8. Finally, it is extraordinarily difficult, if not impossible, for governments to develop an adequate system for planning and assessing accountability using the classical categories. To know, for example, that a school has served 24 mentally retarded adolescents is of little use. One needs to know, for both planning and accountability purposes, precisely what services were required, what services were actually delivered, at what cost and to what effect, etc.

An essential first step in improving service delivery will be to reconceptualise the basis in which handicapped adolescents are classified.

AN ECOLOGICALLY ORIENTED, SERVICE-BASED CLASSIFICATION SYSTEM

Existing classification schemes are supposed to provide a basis for service delivery, for etiological and epidemiological studies, for research in general, for the organisation of public and private agencies, for planning and accounting and for ease in communication between professional people. It is not surprising that, in attempting to do all these things, they do none of them well. The system proposed below is designed primarily for the purpose of improving the delivery of services to handicapped adolescents for the purposes of vocational guidance, training and placement.

The system is referred to as ecological to take into account the situational, developmental and transactional character of demands

on a service delivery system. Handicapped adolescents are classified on the basis of the services required to achieve specified goals at a particular period in the life of the individual. The system makes use of traditional assessment procedures but is not limited to them.

The ecologically oriented service-based plan for the classification of handicapped adolescents consists of two inseparable components: the ecological assessment and the enablement plan, both of which are expected to change with time. The plan thus avoids two severe limitations of current schemes, i) the fixed diagnosis, with diagnosis being an end in itself and ii) the separation of diagnosis and treatment, often to the neglect of treatment.

The scheme does not propose the abandonment of classification, it simply classifies many variables for the purpose of improving service delivery. There is, however, one overall and embracing category: those individuals who are in the system and those who are not. Those in the system might be referred to as "individuals in need of special assistance". It may also be useful to sub-divide the group in order to recognise those who, given special assistance, might move out of the system, and those who require life-long care. These might be referred to as "individuals in need of prolonged assistance".

ECOLOGICAL ASSESSMENT

This assessment involves: i) identifying sources of discord in the ecosystem as well as sources of strength that can be used to improve the goodness of fit between the individual and the important people and places in his life; ii) specifying what services are required to ensure that the adolescent will be able to function adequately in a specified setting. The goal is not to make the adolescent perfect but to make the ecosystem work reasonably well. The goal can be achieved by effecting changes in the adolescent and also by effecting changes in settings in which he is expected to live and work, especially in the expectations and conduct of people (mother, teacher, foreman, friend, etc.) who are important in the adolescent's life. The service requirements at a particular time are determined by a case conference. The record of such a conference should specify what must be done to achieve agreed objectives.

The following is an example of ecologically oriented, service-based assessment:

Client: François Bergeron
Liaison: Marie Béton
Date: 15th April 1978

François Bergeron, age 19, from a rural area of Quebec, has moved to Montreal with his family and enrolled in a special vocational educational programme operated by the Ministry of Labor. Tests show IQ scores in the 60-70 range, reading ability at about the third grade level, and arithmetic ability at about the fifth grade level.

François is amiable and hard-working, but gets upset and loses his temper when unexpected demands are made upon him. There is some evidence of a hearing problem. He communicates reasonably well in French but knows no English. He appears to have some musical talent and has taught himself to play the guitar.

All other members of the family, including his mother, have found jobs, and there is no one at home during the day. A company manufacturing automobile parts and employing predominantly French-speaking people had adopted a hire-the-handicapped policy and is willing to help François get a job. François has an older brother with whom he gets along very well. The brother is competent and dependable; he may be the person around whom an enablement plan should be built.

At the planning conference it is agreed that François needs to be taught, prior to employment, skills in folding boxes of assorted sizes and packing them with small parts in a prescribed fashion. He needs to have a thorough audiometric examination, and the probability is that he will require a hearing aid. He will need to use public transportation to get to work and this will require knowledge of French and English words unfamiliar to him, as well as new skills in getting around. François has not had money of his own before and will need help in managing the money he will receive.

During the job training period, François should be helped to understand that unexpected demands may be made on him when he goes to work, and he should have specific practice in responding to such situations. Control of his temper should be a major responsibility for him. He needs remedial instruction in reading. Additional instruction in arithmetic, an area of strength, may enhance his self-concept, as well as improve job opportunities. His talent in music might be encouraged to help in social adjustment. A dental screening examination has shown that François needs to have three teeth filled.

Since François' first job placement will occupy him for only five hours a day, and since none of his family is at home, arrangements must be made for him to have something to do in the afternoons. The foreman at the plant where François will work should be brought in to help guide François' transition from the training programme to the job setting. If François does need a hearing aid, it must be fitted, and his parents or his older brother and the job foreman will need instruction in how to teach him to use the device.

It should perhaps be pointed out that, while François is mentally retarded, this particular piece of information is of little use. A

somewhat similar service plan might be worked out if he were emotionally disturbed or orthopaedically handicapped. The focus here is not on the handicapping condition but on the things that must be done to enable François to be employed successfully. The conference record can be recast in terms of a number of specific services to be performed and objectives to be achieved. The list of needs might look something like the following:

François needs:

1. Audiometric examination, and possibly a hearing aid.
2. Three teeth filled.
3. Specific pre-job training, including management of unexpected demands. François must learn to control temper.
4. Instruction and practice in the use of public transportation.
5. Instruction and practice in the management of money.
6. Arrangements for constructive activities in the afternoon.
7. Two hundred hours of remedial instruction in reading.
8. One hundred hours of instruction in arithmetic (to give him added confidence).
9. Fifty hours of instruction on the guitar (to help in social adjustment).
10. Adjustment to work, especially in meeting unexpected demands, François to be assisted by foreman.
11. Etc.

The enablement plan. The purpose of the ecological assessment is to obtain information and judgements needed to arrive at a comprehensive plan of action to facilitate the entry of an adolescent into the world of work. Ordinarily this is referred to as an intervention or treatment plan. We prefer to call it an "enablement plan" to emphasize the goal of enabling the ecological system to function effectively. After service needs have been agreed upon in the assessment conference, a detailed schedule of things to be done is worked out for each service requirement separately. The record for one of the services mentioned above might then look like this:

Service required: Three teeth filled

1. Person responsible. One person assumes responsibility for seeing to it that François gets the dental treatment he needs. In some instances it might be the adolescent's parent or guardian, sometimes the adolescent himself. In François' case, it might be decided that a social case worker will be responsible. The worker signs to indicate acceptance of the responsibility.

2. Service provider. The conference specifies who will provide the required service. François' teeth will be filled by Dr. Michel

Dufour, whose office is located at 1350 Duval Street, Montreal. His telephone number is 454-2621.

3. Target date. The conference agrees upon a date by which it is expected that the service will be rendered. The teeth should be cared for by 15th August, four months after the conference.

4. Cost of service. An estimate of the cost of the service is made, drawing on local code books. The amount: $90.00.

5. Source of payment. Here it is specified where the money is coming from. In Canada it would come from the national health service. In the United States it might come from the adolescent's parents or from one of a number of entitlements to government assistance.

6. Criterion check. Here is specified what standard is to be met by the service provided. All of the above (items 1 through 5) are "inputs" or "processes"; here, in item 6, is registered the expected output or product. It is not enough for François to understand bus fares, routes and signs; he must be able to go back and forth to work easily by public transportation and cope with unexpected circumstances. It is not enough for François to complete 200 hours of remedial instruction in reading; he must achieve an agreed-upon level of performance.

7. Follow-up. At the time of the initial planning, it may be desirable to arrange for future services the need for which can be anticipated. For example, after François has made an initial successful adjustment to the job, it may be desirable for him to get additional training. Tentative plans for such training might be made at the time of the initial conference. Or it may be anticipated that François will have a vacation after 10 months on the job, and the matter might be marked for timely consideration.

8. Conversion to the classical categories. If for any reason there is the need to report on services rendered in terms of specific handicapping conditions (as is required in the United States), it is possible by a conversion formula (based on service requirements) to arrive at a conventional classification category, without having to use resources for a conventional diagnosis. Thus an adolescent receiving a particular pattern of services may be designated (if necessary) as mentally retarded, orthopaedically handicapped, visually impaired, etc.

The enablement plan calls for checks on progress on specific dates set for the delivery of particular services. In addition, the conference will agree upon a date by which the total service plan must be reviewed, say in six months, or nine months, or one year, after which a new enablement plan must be worked out.

It is helpful to keep in mind in the classification of services that the options available would be limited to the choices necessary to get the adolescent and his ecological system connected to an appropriate service provider without having to specify precisely how

the service is to be performed. That judgement would be left to the expert. For example, participants in the planning conference might decide that a child needed 200 hours of remedial instruction in reading: it would be left to the expert instructor to decide what methods and materials would be used.

The liaison function. Obviously there must be a person responsible for working out the plan. This person has been called a "Case manager", or one might refer to him as a "consultant" to the adolescent, to imply that the adolescent is expected, in time, to assume full responsibility for managing his own life. In the United States a new professional role, that of "liaison specialist" is emerging. The liaison specialist may best be thought of as a facilitator, a gatherer of information, a mobilizer of resources, an enabler of other people, but not as an expert who takes over responsibility for the adolescent. The liaison specialist also records the ecological assessment and enablement plan, monitors the execution of the plan, arranges for revisions as may be necessary, and assures that the plan is reviewed periodically.

Thus far, what has been described is a local service management scheme. François has been classified with respect to the services required to help him enter the world of work successfully, according to his best judgement and that of his parents and of informed professional people. But the classification system has advantages beyond that of providing assistance to an individual adolescent. It is also an instrument for planning and for assessing accountability.

To assess accountability, each service requirement is reviewed and a record made of what actually happened. Have François' teeth been filled? Were they filled by Dr. Dufour or by someone else? Did the person responsible for having the teeth filled actually fulfil his responsibility? What was the actual cost? Where did the money come from, in fact? Were the agreed upon criteria successfully met? Were appropriate plans made for follow-up? The system provides a powerful means of assuring that François gets the help he needs, and that the service delivery system is working well.

Computerisation of the classification system. It appears possible to go directly from conference plans to the computer, possibly by way of mark-sensing cards, without the expensive requirement of note-taking, dictating, and transcribing records. From coded data, the computer can supply a written account of the agreements reached in the planning conference and can do so in one or more languages, as might be required. Regarding the protocol described above, the computer print-out might read, in part, like this:

> "François Bérgéron will have three teeth filled by Dr. Michel Dufour of 1350 Duval Street, Montreal, telephone number 454-2621, by 15th April 1978.

Mlle. Béton of the Centre d'Orientation 'Olivier' will be responsible for making arrangements. The estimated cost is $90, to be paid for by National Health Plan (or, in the United States, by Medicare or Title XX of the Social Security Act or whatever). The service performed will be checked by the Public Health Department's dentist six months after the teeth are filled. Mlle. Béton will be responsible for arranging the follow-up examination."

LIMITATIONS OF THE SYSTEM

An ecologically oriented, service-based classification system as here described will be useful in improving the delivery of services. Just that and nothing more. The system will be altogether inadequate for research and for etiological and epidemiological studies. It is not however simply a management information system. It is that, indeed, and a powerful one as well, but more important, it is a way of conceptualising the problem of delivering services to handicapped adolescents to facilitate their entry into the world of work.

NOTE

The parts of the paper reproduced in this summary are of particular significance to integration. Improved provision for children with special educational needs within ordinary schools may be dependent on the delivery to the pupil and the teacher of a wide variety of services. These services need to be tailored to the individual and his current situation. The proposed system may be one important way of ensuring that such services are delivered flexibly and related not to an individual's classification category, but to his individually assessed needs and the plan devised to meet them.

IV. INTEGRATION OF MODERATELY AND SEVERELY HANDICAPPED STUDENTS IN PUBLIC SCHOOLS - CONCEPTS AND PROCESSES

by L.J. Gruenewald and J. Schroeder,
Madison Metropolitan School District,
Madison, Wisconsin, U.S.A.

ABSTRACT

This paper describes the Specialised Educational Services Program in the Madison Metropolitan School District, Madison, Wisconsin. The Madison Metropolitan School District maintains a comprehensive service delivery system providing instructional programmes and related services to handicapped students from birth through twenty-one years of age.

This paper focuses on the integration of all handicapped students in the regular public schools with specific emphasis given to the moderately and severely handicapped students.

Areas of finance, relationships of the local educational agency to state and federal governments, instructional design, administrative organisation and community involvement are also described.

BACKGROUND INFORMATION

Philosophy

Historically, Madison Metropolitan School District has consistently and actively supported the development of programmes and services for handicapped students in the public schools. The education of all children in a public school setting is the underlying philosophical principle from which programmes and services are developed and implemented to meet the needs of each child.

Major beliefs and concepts important in developing services for handicapped students in public schools are:

1. No student is too handicapped for placement in an appropriate educational programme. All students have the right to be educated in the least restrictive environment.

2. Handicapped students should participate to the maximum extent possible in the regular education programme:
   - the academic component
   - the non-academic component
   - the extra-curricular programme
3. Special education programmes should be a part of the school district's total instructional programme - NOT A PARALLEL SYSTEM !!!
4. All students should be in environments appropriate to their chronological age.
5. All services necessary for a student's needs to participate fully should be provided.
6. There must be a scope and sequence of the curriculum from ages 3-21.
7. Programmes for the handicapped must be geographically distributed within the district.
8. Placements in special education programmes must be determined by multidisciplinary assessment of a student's educational needs.
9. Parent involvement must be emphasized in the assessment and instruction of handicapped students.
10. Segregated service delivery models are disadvantageous for the following reasons:
    a) Handicapped students tend to learn handicapping skills, attitudes and values where exposure to non-handicapped student models is absent or minimal.
    b) Teachers tend to strive for the resolution of handicapping problems at the expense of developing functional community reference skills.
    c) Lack of exposure to handicapped students limits the probability that skills, attitudes and values of non-handicapped students will become more constructive, tolerant and appropriate.

For severely handicapped students it is essential that educators plan a longitudinal educational curriculum that prepares them to function as independently as possible in de-segregated, post-school, social, recreational, vocational and domestic environments.

Legislation

During the 1970s the Congress of the United States enacted two pieces of legislation that have had far reaching impact on the education and treatment of all handicapped persons. The legislation was no longer permissive.

Federal legislation

The first important piece of legislation was titled Section 504. This was enacted through Public Law 93-112, Vocational Rehabilitation Act Amendments of 1973. This specific statute reads:

> "No otherwise qualified handicapped individual in the United States shall solely, by reason of his handicap, be excluded from the participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance."

The second major piece of federal legislation is Public Law 94-142, Education for all Handicapped Children Act, 1975. It has four major purposes. They are:

a) to guarantee the availability of special education programmes to handicapped children and youth who require them;
b) to ensure fairness and appropriateness in decision-making about providing special education to handicapped children and youth;
c) to establish clear management and auditing requirements and procedures regarding special education at all levels of government;
d) financially to assist the states and local governments in their efforts through use of federal funds.

Public Law 94-142 applies to all handicapped children who require special education and related services, ages 3 through 21. Section 504 applies to all handicapped citizens regardless of age. Therefore, Section 504 also applies to children ages 3 to 21 relative to their public education both from the standpoint of guaranteeing an appropriate education and also from the standpoint of making certain that there is regular and special education programming and building accessibility.

Public Law 94-142 requires that handicapped children receive a free, appropriate public education in the least restrictive educational environment. This does not mean that all handicapped children must be integrated and receive education in the regular classroom. Nor does it mean that residential educational programmes must be abolished. However, the law does mandate that education with non-handicapped children (to the maximum extent appropriate) will be the governing objective. The law further requires that the Individual Education Program (IEP) will be the means of achieving provision in the least restrictive environment and, of meeting the "unique needs of each child". The Individual Education Program must clearly show cause if and when a child is moved from the least restrictive to a more restrictive environment. In other words, this law mandates that to the

maximum extent appropriate, handicapped children must be educated with children who are not handicapped and that special classes or other removal of handicapped children from the regular education environment (public schools) occurs only when the nature and severity of the handicapped is such that education in regular classes, with the use of supplementary assistance and services, cannot be achieved satisfactorily.

State legislation

Within the framework of this federal legislation, each state was required to enact legislation to be in compliance with the federal laws. In Wisconsin, this legislation is found in Sub-chapter 4, Chapter 115 of the Wisconsin Statutes 1974. It is comprehensive concerning all aspects of the education of handicapped youth including referral, assessment, parent involvement, parent rights and appeals, and the authorities of the Department of Public Instruction and the local educational agency in insuring appropriate education for handicapped students within the public school sector.

Organisation

Federal

At the federal level the Bureau for the Education of the Handicapped is one division in the Department of Education. The Bureau assists in the legislative implementation through financial and technical assistance to states, facilitating demonstration and research grants, personnel preparation and monitoring.

State

In Wisconsin the Division for Handicapped Children is one division of the Department of Public Instruction. The functions are similar to the national bureau, however, division responsibilities relate directly to the local educational agencies within the state. The Department of Public Instruction operates under the single line of authority for education of all students within the state.

Local Education Agency - Madison, Wisconsin

The Madison Metropolitan School District serves 26,000 students of whom approximately 1,900 students receive special education services, ranging from minor modifications in the regular education classroom to placement in a self-contained classroom for the total instructional day. An additional 150 special education students are served by the MMSD as a result of contractual agreements between the Madison schools and other nearby districts. One hundred and fifty

of the special education students in the district are considered to be severely handicapped. The MMSD, in a community of 170,000, serves all students - regardless of the severity of the handicapping conditions - within ordinary schools.

In Madison, Wisconsin, instructional services are based upon the concept of one programme, which provides various options to meet the needs of all students. A consistent philosophical principal is to maximize the process of integration at administrative and curricular levels in order to avoid the development and/or proliferation of parallel instructional and administrative systems.

The Department of Specialised Educational Services is an integral component of the Instructional Services Division. Specialised Educational Services as well as Human Relations have district-wide responsibilities in terms of instructional assessment, programming, and related services.

A director and five programme co-ordinators form the management team for Specialised Educational Services. The team's function and responsibilities include the following:

a) programme development;
b) assuring appropriate assessment and programming for all handicapped students;
c) interpretation, implementation and compliance with federal and state legal mandates;
d) integration of programmes and services with regular education;
e) staff development;
f) supervision and evaluation of programmes and services;
g) research and demonstration.

Each co-ordinator represents the Department of Specialised Educational Services on area management teams. Programme co-ordinators work directly with school principals with respect to special education programmes in the schools. This is accomplished through the process of shared decision-making. However, no student is placed in a special education programme without the approval of the programme co-ordinator.

Each programme co-ordinator has a management team consisting of programme support staff. The programme support staff comprises master teachers and related services personnel who assist both regular and special education staff in the following:

a) assessment of handicapped students;
b) curricular planning for handicapped students;
c) behaviour management of handicapped students;
d) staff development for teachers;
e) monitoring of integrated students.

In addition to the various management and instructional teams, two district councils function in an advisory capacity to the management teams. Both councils have representation from regular education, special education, administration and related services. The Council on Exceptional Education focuses primarily on the education of handicapped students, whereas the Special Services Council relates primarily to special needs of students (instructional programmes and services) in regular classes.

In summary, the organisation design for instructional services in the Madison Metropolitan School District provides a framework for potentially maximizing the integration and interaction among the professionals responsible for educating students in this school system.

Services for Moderately and Severely Handicapped Students

The decentralised service delivery model for moderately and severely handicapped students emerged from a task force appointed in 1977 by the superintendent to study the implications of Preschool, Elementary and Secondary Education Section 504 regulations. This task force identified 17 schools which would be designated and modified to provide a barrier-free environment for handicapped students. Each of these 17 regular education buildings also provides a full continuum of instructional and related services to handicapped students.

Architectural barriers

Careful long-range planning resulted in a three-phase plan for the renovation of these school buildings and the creation of barrier-free education settings. During Phase One, modifications such as the addition of handrails and ramps and the widening of bathroom doors were completed. An individualised renovation plan was developed for each of the 17 buildings during Phase Two and it is this plan which guided the changes to be made, to make accessible those areas of the buildings which were found to be a problem for handicapped students during Phase One. The biggest obstacles were in the physical education facilities. Phase Three is the evaluation and follow-up phase of the renovation effort. It has been estimated that this three-phase plan to remove architectural barriers from 17 school buildings will be completed at a cost of US$2 million.

The 17 504 schools were selected after meeting such specific criteria as geographic location, accessibility, available service options and training and receptivity of the principals and their teaching staffs. This model also assures that severely handicapped students are educated in close proximity to non-handicapped students who are their chronological peers. Within this framework, the SES

Director recommends to the superintendent where individual special education programmes will be located. Administrative commitment to an integrated educational programme for all children, coupled with a declining enrolment, has facilitated the development of a special education service delivery model, which offers appropriate responses to the instructional and related service needs of the students it serves.

Flexible Support Systems

Support to special education instructional personnel in the Madison Metropolitan School District is provided through administrative and instructional leadership, which is enhanced by the school principal's responsibility for all programmes - both regular education and special education - within his/her building.

Administrative assistance and instructional leadership

The Division of Specialised Educational Services (SES) is staffed with five special education co-ordinators, who report directly to the SES Director and are responsible for programme development and implementation and for addressing serious parental concerns and students problems, which cannot be resolved at the school level. SES co-ordinators are also responsible for evaluating teacher performance annually and for supervising programme support teachers (PSTs), who provide direct assistance to special education instructional personnel.

It is the programme support teacher who provides instructional leadership at the classroom level and who offers the district the opportunity to develop programmes of excellence throughout the system. The 16 programme support teachers are assigned to buildings by handicapping condition and by level. They have no administrative responsibility for the special education programmes. Programme support teachers do not evaluate teacher performance. They provide consultation to both regular and special educators in assessment, curriculum, behaviour modification and instructional strategies. They serve on placement committees, are involved in staff development, follow-up former special students who have returned to regular education and help to develop a plan of services for each handicapped student.

The school principal in Madison, while recognising the importance of the co-ordinator and programme support teacher in providing guidance to the special education staff, does not abdicate the responsibility for administering the special education programme within his/her building. Most principals assume direct responsibility for scheduling, student discipline, personnel relations, staffing for all programmes, and provide generic instructional leadership in their respective building. The attitudes of school personnel towards assuring the Least Restrictive Environment to severely handicapped students in the Madison schools is generally very positive.

Staff Development

Opportunities for professional growth in the Madison schools are varied and are designed to be generally responsive to professionals' learning style and training needs. The staff development programme for special education instructional personnel is made available through five channels. Participation in the Multidisciplinary Team (M Team) and interactions with special education co-ordinators and Program Support Teachers offer informal learning opportunities, while school-based in-service sessions offered through a new and innovative staff development approach funded by Public Law 94-142, provide more formal training experiences.

Acceptance of the Severely Handicapped by the Non-Handicapped Community

Community acceptance

Madison citizens are very aware that the school district provides educational services to severely handicapped students because the community is the classroom. The school has 27 vocational training work-sites in the city such as the Howard Johnson Motel and the East Side Businessmans Club. Teachers of the more severely handicapped students arrange to take them into the community to develop basic self-care and travel skills. This is not only an excellent instructional strategy but an intentional strategy to develop increased community awareness.

The city of Madison has fourteen group treatment homes for the handicapped - one of the most comprehensive group treatment complexes in the nation for a city of its size. These housing projects for the handicapped were approved without a zoning controversy.

Student acceptance

Student acceptance of their handicapped peers in the school setting is reflected by the willingness of regular education students to assist their peers who are having difficulty in school. In a recent survey in one high school, 320 students volunteered to tutor their fellow students. The school has a learning centre where, under the auspices of a reading consultant, students can earn course credit for providing tutorial services, assistance with busing, one-to-one attention and socialisation to severely handicapped youngsters. Individual arrangements are also made with special education teachers who agree upon classroom activities with which the student will assist. At present 25 students are actively involved in instructional or social activities with severely handicapped students.

Acceptance of Integration by Parents of the Severely Handicapped

Parents of the special school students generally supported the decision to close the separate facility and move their children to programmes in regular schools, designated to serve severely handicapped students as an integral part of the total student body. Reticence on the part of some was carefully and effectively dealt with by school administrators, who invited small groups to tour the regular education facilities, held small group discussions to address their questions and concerns, and convened the parent groups from the special school and the regular education schools together to share information and to develop a feeling of "belonging".

A Description of Programme Components for the Severely Handicapped

The following section briefly describes the Madison Metropolitan School District's programme for severely handicapped students. Four programme components will be discussed: curriculum, related services, pre-vocational and vocational programming and parent involvement.

Curriculum

The school district is developing a curriculum for mentally retarded students in co-operation with the University of Wisconsin. This effort is supported by a three-year contract from the Federal Bureau of Education for the Handicapped and will be disseminated nationally.

The curriculum is organised into four domains: vocational, community, domestic and leisure-recreation and is structured to be appropriate for severely handicapped as well as mildly handicapped mentally regarded students. The emphasis of this curriculum is functional rather than developmental.

Related services

The district provides psychological and social work services, occupational therapy, physical therapy, speech therapy, orientation and mobility training, and adaptive physical education, art, and music to special education students.

Physical and occupational therapists work together as a team in the MMSD and this team provides direction and supervision of therapy assistants who in turn provide non-medical treatment to handicapped students. This strategy is extremely cost-effective and is responsive to the dilemma facing many districts - the non-availability of adequate numbers of related service personnel.

Pre-vocational/vocational programming

The vocational domain within the new curriculum provides guidance to teachers of the severely handicapped with regard to pre-vocational/vocational training. In this approach, pre-vocational/vocational skills are not taught as separate and discreet tasks but are taught as part of the total programme of cognition, communication and socialisation.

The pre-vocational training opportunities for severely handicapped students are available in two settings: the school and the community. Within the school setting, students are exposed to such occupational tasks as stuffing envelopes, packaging, cleaning bathrooms, assisting in the cafeteria, and laundering bath towels for the gymnasium. Outside of the school setting, severely handicapped students go out into the community and learn specific job skills in one of the 27 work sites where students are paid for the jobs performed such as yard work, food preparation and janitorial services.

To encourage the development of leisure-time activities, and to provide additional work sites, the Madison school system owns a thirty acre farm (complete with a house and a barn), one hundred acres of marshland, and a forest area with camping and classroom facilities.

The programme's primary goal for severely handicapped students is to develop the ability to live in a community-based programme as independently as possible and to be able to engage in some kind of productive and useful vocation following graduation.

Parent involvement

The extent to which parents of handicapped students in the Madison schools are involved in their children's educational programme varies from classroom to classroom. Parental involvement within the schools is a function of teacher interest, principal support and parent willingness.

In one school the principal assigns the school nurse, social worker or psychologist to be a "parent adviser" to each parent of a handicapped student enrolled in the school. Another principal regularly convenes parent meetings, for both regular and special education parents, to discuss issues of mutual interest and later breaks the group into smaller discussion sessions, to deal with special topics of interest to the parents.

Finance

Federal government

The United States Congress appropriates money to provide some financial assistance for the education of all students. For the

handicapped, money is appropriated and allocated to the states in the form of grants (research, demonstrations, training) and direct state assistance. The state aid assistance is based upon the submission and approval of a state plan and the number of handicapped students being served.

State government

In Wisconsin the state legislature appropriates funding for education which is administered by the Department of Public Instruction. State aid is provided to local education agencies on a formula basis.

For handicapped students the state legislature appropriates additional monies. Each Local Education Agency must submit a plan to the Department of Public Instruction for approval. Upon approval of this programme plan, the Department of Public Instruction reimburses the Local Education Agency at 70 per cent of the cost for staff salaries and transportation of handicapped students.

Local Education Agency - Madison, Wisconsin

Funding for education of all students is provided for by local property taxes and state aid. The School District budgets are developed by the various instructional areas and support services and submitted to the local Board of Education for approval. The Board of Education must in turn receive approval from the City Council. For the 1979-80 school year the budget for the Madison Metropolitan School District is US$67 million of which 6.3 million is allocated to Specialised Educational Services.

Statistics

All handicapped students within the school district attend regular public schools. For the 1978-79 (1st December 1978) school year an unduplicated count revealed that approximately 1,831 handicapped students are receiving programmes and services out of a total school population of 26,000 students. Obviously the number of handicapped students being served is never static.

The following chart provides a categorical distribution of the number of children being served:

Programme (Category)	Total
Mental Retardation	398
Hearing Impaired	62
Speech/Language (in reg. class only)	210
Visually Impaired	11
Emotionally Disturbed	223
Physically Handicapped	226
Homebound	7
Learning Disability	605
Early Childhood	89

Several comments must be made relative to the above data:

a) This data includes resident students only. The School District also serves approximately 100-150 non-resident students annually. These students represent low incidence handicaps and multiply handicapping conditions.
b) Speech and language therapists serve approximately 957 students who are in specific language programmes or included in the other categorical programmes listed above. This is in addition to the 210 served in regular classes.
c) This data does not include numbers of students served by psychologists and social workers and students being monitored by programme support teachers.
d) Approximately 15-20 additional students are served annually through the school-aged maternity programme.
e) In summary, over 10 per cent of the school population in Madison receives programmes and/or services through the Department of Specialised Educational Services.

Of the 1,831 handicapped students cited previously, approximately 700 of that total are in self-contained or self-contained integrated instructional programmes. The remaining number of students receive programmes and/or services via the resource or itinerant service delivery model.

Special School and Other Institutions

The state of Wisconsin does operate and maintain several institutions or residential facilities for the developmentally disabled. However, as is true in the majority of the states, the current trend is to deinstitutionalise as many persons as possible. This is also true for the special schools located in some communities within the state of Wisconsin.

PLANNING FOR INTEGRATION

In the early 1970s the school district identified its goals for the Division of Specialised Educational Services as the development of:

a) A comprehensive but flexible range of service options that will provide appropriate educational services to the full spectrum of children with handicapping conditions. This spectrum should encompass all children with handicapping conditions which range from severe through mild.

b) Systems of support to the regular or ordinary educational system designed to help it teach and manage a broader range of individual differences, thereby preventing undue labelling and segregation of children with handicapping conditions.

c) Closer working relationships with the community and its agencies to prepare the community to receive and understand persons with handicapping conditions. Efforts will also be made to co-ordinate school programmes with other community programmes to insure the continuity of education and development of the individual and to reduce unilateral and duplicative efforts.

d) Closer working relationships with parents of children with handicapping conditions to insure that appropriate and meaningful services are provided to all students and parents.

e) Evaluation mechanisms for describing and measuring positive student changes as the primary intended outcome of all services.

In developing a comprehensive range of service options, the need for the following special education programme types were identified:

1. Resource Programme
   Any instructional setting to which a student comes for specified periods of time, usually on a regularly scheduled basis.
2. Consulting Teacher/Programme Support Teacher
   Any instructional setting in the regular classroom where the regular teachers identify and intervene in problem behaviours with the assistance of the consulting teacher.
3. Itinerant Teaching Service
   Itinerant service is an arrangement to provide resource service to several schools. The service characteristics are described by the Resource Programme model.
4. Self-Contained-Integrated Programme
   An instructional setting within the public schools to which students come for the major part of their school programme, with the remainder being supplied within mainstream arrangements.
5. Self-Contained Special Programme
   Any instructional setting within the public schools to which students come for all of their school programme. It is designed for those students who are so severely handicapped that they cannot operate in any ongoing part of the regular school day.

In planning the establishment of these programmes in the schools, the following criteria must be met:

a) Programmes must be developed within an age continuum so as to ensure components for early childhood (0-5 years), primary elementary (6-8 years), intermediate elementary (9-11 years), middle school (12-14 years), and high school (15-21 years).
b) There must be articulation of the curriculum between each of the components.
c) The programmes must be geographically distributed so as to match the "home school", elementary-middle-high school patterns as closely as possible and to keep busing at a minimum.
d) All programmes must articulate with the regular education programme to insure they become an integral part of each school's instruction programme with defined relationships with the academic, the non-academic, and the extra-curricular components of the school day.
e) Programmes other than the early childhood component must be developed categorically for each of the handicapping conditions of mental retardation, learning disabilities, emotionally disturbed, visually handicapped, hearing impaired, language disabilities.

The system of support and related services necessary for handicapped students in regular and special education be developed on the criteria of individual need and the classroom/building location of the student. Homogenous grouping of students specifically to make administratively easier the delivery of support and related services is not to be one of the criteria.

The assignment of a handicapped student to a programme, regular or special education, when there is any suspicion that the student may have "exceptional educational needs" shall be preceded by:

a) An official referral of the student to the Director, Specialised Educational Services. This referral may be from any person interested in the education of the child.
b) Parent permission for an assessment of the child's educational needs by a multidisciplinary team.
c) Assessment of the child by a multidisciplinary team with emphasis on determination of the handicapping condition and educational needs of the student.
d) Development of an individualised education programme which has the input and approval of the parent.
e) Parent permission for placement in the educational programme.

"Child with exceptional educational needs" means any child who has a mental, physical, emotional or learning disability which, if the full potential of the child is to be attained, requires educational services to the child to supplement or replace regular education.

Forms of Integration

The main ways in which integration is being implemented are:

- The support of one instructional programme with options for all students rather than parallel systems of regular (ordinary) education and special education;
- Viewing special education as an educational option which can supplement as well as partially or totally supplant the regular (ordinary) education programme;
- Defining the school day as having three major component parts - the academic, the non-academic and the extracurricular and addressing each separately for integration;
- Defining "meeting of the educational needs of handicapped students" in terms of the best match of their learning style to a programme style rather than solely by categorical groupings;
- By making provision for appropriate related services in whatever educational programme environments a student is placed;
- By the development of adaptive courses/classes which are team taught by regular educators and special educators and enroll both handicapped and non-handicapped students;
- By an ongoing staff development programme which addresses the joint needs of regular and special education staff in curriculum development and instruction;
- Physically locating all Special Education classes in regular schools and enrolling students in age appropriate classroom environments.

The significant differences between the forms of integration being developed for different handicaps are:

- For the physically handicapped the emphasis is on elimination of physical barriers and the development of a model for the delivery of related services in many schools.
- For the hearing impaired the emphasis has been on providing supplemental special education in the form of resource teachers to directly deal with the psychological aspects of a deaf student's learning in a regular education auditory environment and the additional instruction for

reinforcement which may be needed. The related service of providing interpreters within classrooms is also stressed.

- For the visually impaired the primary emphasis has been on providing supplemental services to the student and classroom teachers and mobility and orientation training in the schools and community. The related services of a braillist and production and use of "talking book" and large print book are also provided. Currently opticon training is also being used to increase the accessibility/ usability of printed materials.
- Mentally retarded - mild/moderate - The emphasis for the integration of mildly/moderately handicapped has been on the use of the self-contained integrated programme model coupled with the development of Mental Retardation teaching teams. There has also developed within this programme a variety of adaptive courses, especially in the vocational areas, which are team taught by regular and special educators and enroll students from both special education and regular education.
- Mentally retarded - severe/profound - The integration emphasis for this population is into the non-academic and extra-curricular aspects of the regular school. The major purpose of the integration is to better prepare these students for community/vocational and domestic environments.
- Learning disabled - The primary models for the integration of these students are the Resource programme and self-contained integrated programme.
- Emotionally disturbed - Students with mild/moderate emotional disturbance are maintained within the regular education programme by providing related services, i.e. counselling, psychological services and social work services. Those students who do not identify with the regular secondary school programme are provided optional experiences, i.e. night school and full-time employment; R.S.V.P., a special programme for alienated youth; and two alternative high schools. The seriously emotionally disturbed are integrated primarily through the self-contained integrated programme model with emphasis on integration into academic areas which have predictable success. Again, much integration occurs into the non-academic and extracurricular components of the school day.

FORMS OF SERVICE DELIVERY

The plan for the delivery of advisory and supportive services to children who are integrated is:

- The School Team - Each school in the district has a problem solving/instructional support team called the building team. Membership on the team may include the school principal, psychologist, social worker, counsellor, learning co-ordinator, special education teachers, regular educational teachers, school nurse, and the speech and language therapist. Under the leadership of the principal, the team meets regularly to receive referrals. Employing ecological assessment strategies, the team solves problems on a case by case basis using the skills of the members represented on the team. In some cases this results in additional consultation and support to the regular or special education teacher and in others to direct services by team members.
- Programme Support Teachers and Itinerant Teachers - The district employs master teachers (PSTs) in each of the areas of handicapping conditions and itinerant teachers for the Physically Handicapped and Visually Impaired, who provide consultation and support services to regular education and special education teachers.
- Specialised Professional Staff - Physical and occupational therapists are employed in those school buildings designated as accessible facilities and provide both direct services per physician orders and consultation to teachers and others. Speech and language therapists are deployed in all schools and provide both direct services and consultation. Counsellors and Learning Co-ordinators are employed by all Middle Schools for co-ordination of individual and group learning experiences. Counsellors are available at the High Schools to provide student assistance in course selection, vocational planning and personal counselling. Public Health nurses are assigned on a part-time basis to each school.
- Specialised Paraprofessional Staff - Aides are assigned on the basis of need for support to teachers and students. Categories of aides used are Health Aides (Nursing Services), Therapy Aides (Therapy Services), Instructional Aides (Classroom Assistance), Interpreters (Signing in classrooms for H.I. Students), Food Service Personnel (Preparation and serving of special diets).
- Specialised Diagnostic/Evaluation Services/Support - The district provides Audiology Services and Psychiatric Consultation.

The degree of integration of handicapped students is very dependent upon having available at the school the support services described. It is the implementation of related services which makes it feasible for many handicapped students to attend regular schools and participate meaningfully in regular education classrooms.

Changes and Shifts in Attitude and Provision

The translation of integration goals into practices has been accelerated by:

- Strong support by the local board of education. Historically this body saw itself as having responsibility for the education of the handicapped.
- Strong support from the regular education programme which recognised the indirect and direct benefits to the regular education students which result from the interface with special education.
- Strong pressure from parents of handicapped students who organised themselves to exert pressures which finally resulted in legislative mandates for inclusion.
- The exploding knowledge base and technology in education, medecine and the social sciences which is providing solutions to many heretofore unsolvable problems of the handicapped.
- Excellence of the leadership/administrative personnel in both special education and regular education.
- Excellence of the teaching staffs in both special education and regular education.

Factors Which Affect Integration

The criteria which determine whether an individual with a handicap can learn within an ordinary (regular) form or class are:

- The cognitive, motor, affective, characteristics of the handicapped individual, when appropriate modification, adaptations and related services are utilised, must match the cognitive, motoric and affective characteristics of the instructional programme. There also must exist a reasonable prediction that the handicapped student can meet the expectations and succeed. The IEP and the continuous assessment of students are the strategies used to insure good matches of a student to his instructional programme.
- The existence of resource teacher assistance to the regular (ordinary) education teachers.

- The availability of necessary related services.
- The degree of support-insistence on behalf of the student's parents.
- The receptivity of the regular (ordinary) education teacher. This receptivity ranges from recognition and acceptance of the need to individualise instruction while maintaining class or group expectations to acceptance of the need to make physical accommodations/modifications of space and equipment. The willingness to work with resource teachers and related services personnel is another receptivity variable.
- The physical accessibility of the instructional programme.
- The social skills and acceptance of the handicapped student; the greater the degree of skills and acceptance, the higher the probability of successful integration.

There currently are no areas of the curriculum which exclude handicapped students. The vocational education programmes have specifically identified the teaching of handicapped students as a priority. Physical education has also begun to adapt to the handicapped person's needs.

The criteria differ considerably with respect to social vs. academic learning situations. The general rule is one hundred per cent inclusion in the non-academic parts of the school day such as the recreational areas, lunchrooms, corridors, free time areas. The goal is to allow for as many natural interactions between the handicapped student and his/her age peers as possible. The same attitude guides the planning of all extracurricular activities and events. Handicapped students are encouraged to take as many of these opportunities as possible. It is in these areas that the potential for social learning is the greatest.

Currently, the most difficult students to integrate are the emotionally/behaviourally disturbed. As might be expected, it is their deviant social/interpersonal behaviours which result in difficulty with integration. Alternative regular education programmes are found to be the most acceptable and successful.

The major impact of age on the degree of integration is as follows:

- For the mildly handicapped, especially the learning disabled, mildly retarded, and mildly behaviourally disordered/emotionally disturbed, the drop-out rate at age sixteen greatly increases. Graduation from high school, even with resource teacher support and the availability of special education classes in the regular (ordinary) school, is not viewed as a valued reachable goal for some of these handicapped students.

- For the more severely mentally and emotionally/behaviourally handicapped, for whom the level of integration into the academic programme was usually not appropriate, the emphasis in the curriculum on the teaching of functional living skills decreases further any integration into the regular (ordinary) academic curriculum.
- For the sensory handicapped, hearing impaired and visually impaired, the degree of integration into the regular (ordinary) curriculum greatly increases with age for those with good cognitive abilities.

TEACHER MANAGEMENT OF MIXED ABILITY FORMS OR CLASSES

How successful an individual teacher is in providing individualisation of his/her instructional programme depends on many variables. Some of the variables which apply specifically to handicapped students are:

- Their attitude towards the handicapped as measured by their degree of acceptance of the concept of normalisation.
- The availability of specialised teachers for consultation, support, curriculum modification and adaptations.
- The availability of necessary related services and the willingness of teachers to work co-operatively with these service personnel.
- Their ability to clearly communicate their instructional goals and objectives, define necessary prerequisite skills, and clearly state performance expectations.
- Their classroom management skills.
- Their professional competency, including knowledge of content and methods of instruction.
- Knowledge and utilisation of normal cognitive, affective and motoric development and respect for individual differences.

The range and variety of individual instructional programmes a teacher can manage is nighly individual.

Training

The forms of staff development and training which have been most effective in helping teachers and other professionals develop the knowledge and skills necessary for successful integration are:

- On-the-job training acquired while working with an individual student integrated into his/her class.
- Team teaching with a special educator a regular class with several handicapped students integrated into it.

- Through curriculum development efforts where regular and special educators are jointly developing adaptive curriculum.
- Building in-service programmes which focus on philosophy, characteristics of handicapped and assessment strategies.
- Formal course offering sponsored by the school district - Exchange Courses.
- Continuing education course work at the University level.

The above are in a rank ordered list of effectiveness.

Evaluation

The major evaluation criteria for the effectiveness is the data generated by each student's individualised Education Programme. There is little evidence available on the effects of integration. The subjective data indicates the following:

- Students are readily accepted into the regular school environments no matter how severely they are handicapped.
- It is possible to meet the health, safety and welfare needs of all students in an integrated school.
- Handicapped student integration does not lower the instructional standards of a class or school.
- An integrated programme requires an expansion in related services.
- Regular educators are open to working with and integrating handicapped students when there exists appropriate and necessary support programmes and services.
- Most of the regular education curriculum is appropriate for mildly handicapped students and students with sensory impairment.
- There are regular education students who benefit when a teacher makes adaptations and modifications for handicapped students when those same strategies are used for them as well.
- For the severely profoundly retarded, the regular school provides rich social learning experiences which facilitate community functioning.
- Curriculum development for the severely/profoundly handicapped at the secondary level is essential.
- The multiply handicapped, sensory impaired-mentally retarded, physically handicapped-mentally retarded are the most difficult to integrate, primarily due to the problems encountered in developing language interactions.

All of the above subjective observations require study. The ultimate evaluation of any instructional programme, however, continues to be the performance of its graduates in the domestic, vocational and recreational environments of the larger adult society.

V. THE WARNOCK REPORT AND INTEGRATION

by J. Fish, Senior Inspector,
Department of Education and Science,
United Kingdom

BACKGROUND

In 1974 the United Kingdom government set up a Committee of Enquiry to review provision for handicapped children and young people. It was the first major review for many years. The Committee, under the chairmanship of Mrs. Mary Warnock, had 25 members drawn from a wide range of professions and interests. Its terms of reference were:

> "To review educational provision in England, Scotland and Wales for children and young people handicapped by disabilities of body and mind, taking account of the medical aspects of their needs, together with arrangements to prepare them for entry into employment: to consider the most effective use of resources for these purposes and to make recommendations".

The Committee reported in 1978 (1) and its recommendations were widely supported in the process of consultation about the report which followed. The government is proposing to take action on the recommendations which require legislative changes.

Three priorities were identified by the Committee, provision for pre-school children, teacher training and provision after the compulsory school period. The report is a long and complex one and a summary by its Chairwoman, Mrs. Warnock was also published. This paper concentrates on those aspects of the report which describe the Committee's concepts of handicap and of special education and the recommendations made about integration.

The General Approach

The philosophy of the report is summed up by three quotations: "We hold that education has certain long-term goals, that it has a

1) Special Educational Needs: Report of the Committee of Enquiry into the Education of Handicapped Children and Young People. Cmnd 7212, HMSO.

387

general point or purpose, which can be definitely, though generally, stated. The goals are twofold, different from each other, but by no means incompatible. They are, first, to enlarge a child's knowledge, experience and imaginative understanding, and thus his awareness of moral values and capacity for enjoyment; and secondly to enable him to enter the world after formal education is over as an active participant in society and a responsible contributor to it, capable of achieving as much independence as possible. The educational needs of every child are determined in relation to these goals. We are fully aware that for some children the first of these goals can be approached by minute, though for them highly significant, steps, while the second may never be achieved. But this does not entail that for these children the goals are different. The purpose of education for all is the same; the goals are the same."

"Moreover, there are some children with disabilities who, through education along the common lines we advocate, may be able to lead a life very little poorer in quality than that of the non-handicapped child, whereas without this kind of education they may face a life of dependence or even institutionalisation. Education in such cases makes the difference between a proper and enjoyable life and something less than we believe life should be. From the point of view of the other members of the family, too, the process of drawing a severely handicapped child into the education system may, through its very normality help to maintain the effectiveness, stability and cohesion of the family unit."

"Our concept of special education ... embraces the notion of any form of additional help, wherever it is provided, and whenever it is provided from birth to maturity to overcome educational difficulty. It also embodies the idea that, although the difficulties which some children encounter may dictate WHAT they have to be taught and the disabilities of some HOW they have to be taught, the point of their education is the same."

The general approach of the report also endorses the fact that society is now committed not merely to tending and caring for its handicapped members but to educating them as a matter of right and to developing their potential to the full.

Handicap in an Educational Context

A child whose disabilities or difficulties prevent him from learning the wide range of academic and social skills and attitudes, necessary to function as an adult, may be regarded as educationally handicapped. The report argues that there is no cut and dried distinction between the concept of handicap and other related concepts such as disability, incapacity and disadvantage. Nor is there a simple relationship between handicap in educational terms and the

severity of a disability in medical, or a disadvantage in social terms. The extent to which a condition is handicapping may vary according to time, age and situation. The argument is concluded as follows:

"It is thus impossible to establish precise criteria for defining what constitutes handicap. Yet the idea is deeply engrained in educational thinking that there are two types of children, the handicapped and the non-handicapped. ... But the complexities of individual needs are far greater than this dichotomy implies. Moreover, to describe someone as handicapped conveys nothing of the type of educational help, and hence provision that is required. We wish to see a more positive approach and we have adopted the concept of SPECIAL EDUCATIONAL NEED, seen not in terms of a particular disability which a child may be judged to have, but in relation to everything about him, his abilities as well as his disabilities - indeed all the factors which have a bearing on his educational progress."

Special Educational Need

Special educational need is broadly defined as requiring one or more of three main approaches: a) the provision of special means of access to the curriculum through special equipment facilities and resources, modification of the physical environment or specialist teaching techniques; b) the provision of a special or modified curriculum; c) particular attention to the social structure and emotional climate in which education takes place.

The report argues strongly against categorisation concluding that: "... we believe that the most important argument against categorisation is the most general one. Categorisation perpetuates the sharp distinction between two groups of children - the handicapped and the non-handicapped - and it is this distinction which we are determined, as far as possible, to eliminate".

Finally, in setting out the broad outline of a new concept of special education the report states: "... we have sought to identify those features which make up its distinctive character whenever it is provided. Our approach is based upon the principle that if it is to be special, special education should afford access to teachers with additional training and where appropriate other professionals; or access to an educational or physical environment appropriate to a particular child's special needs ..."

Special Education in Ordinary Schools

Integration is discussed at some length in the report both in terms of its meaning within the United Kingdom context and in terms of the conditions which the Committee thought should be observed if

integration was to be effected. At the outset the report says: "The principle of educating handicapped and non-handicapped together ... is the particular expression of a widely-held and still-growing conviction that, so far as is humanly possible, handicapped people should share the opportunities for fulfilment enjoyed by other people. This recognition of the right of the handicapped to uninhibited participation in the activities of everyday life, in all their varied forms, has been aptly described by the Snowdon Working Party.(1) Integration for the disabled means a thousand things. It means the absence of segregation. It means social acceptance. It means being able to be treated like everybody else. It means the right to work, to go to cinemas, to enjoy outdoor sport, to have a family life and a social life and a love life, to contribute materially to the community, to have the usual choices of association, movement and activity, to go on holiday to the usual places, to be educated up to university level with one's unhandicapped peers, to travel without fuss on public transport .... this passage catches the spirit of changing attitudes to handicap in all its manifestations". The report goes on to state "Moreover we have made very clear our determined opposition to the notion of treating handicapped and non-handicapped children as forming two distinctive groups, for whom separate provision has to be made. It follows that we wholeheartedly support the principle of the development of common provision for all children".

After discussing different forms of integration and the range of arrangements currently made in the United Kingdom, the Committee then outlined conditions for effective provision in ordinary schools. It recognises that the character of the ordinary school will affect its capacity to make effective special education provision which should include the right of all children to use all the facilities of the school. It will not be enough to encourage shared activities; they must be planned. This entails the creation of individual learning, including therapeutic programmes and the relation of these programmes to each other and to ordinary teaching programmes. A number of recommendations are made to improve special educational arrangements in ordinary schools which are considered to be preconditions "to any substantial move towards the integration of children with disabilities and significant difficulties".

Special Schools

The Committee see a continuing place for special schools for some children, recommends that these should be much more closely

1) Ibid., p. 3.

associated with ordinary schools and hope that they will develop as centres of expertise and support for ordinary schools.

The Future

In making the report the Committee recognised that resources might not be immediately available to implement the recommendations. "It seemed reasonable to think that there would not be another enquiry such as ours for many years to come and that we would therefore be looking well ahead in formulating our proposals. Our perspective therefore reaches to the end of the century and possibly beyond. With some important exceptions we have not set our proposals against a time scale for their fulfilment. Rather we have tried to produce a new framework within which the changes we recommend can take place progressively in step with resources".

The report confirmed existing best practices rather than advocated radical alternatives. It was evolutionary rather than revolutionary. Reports of this kind in the United Kingdom tend to have permeative and long-term effects through the work of individuals they influence and do not always give rise to immediate executive action. The fact that the Warnock Report now exists is an influence on thinking and planning about special education although its impact on ordinary schools is less certain. Devolved responsibilities for education to local authorities mean that the trend towards integration and the evolution of new patterns of special education will be gradual and vary according to local circumstances. It will be some time before the effects of the Warnock Report on educational policies are clear. It is therefore at this stage a statement of aspirations to be considered alongside policies and statements in other countries on the integration of children and young people with handicaps.

VI. THE REINTEGRATION OF THE HANDICAPPED INTO COMMUNITY LIFE

(With particular reference to the practice of a public psychiatric unit for children and adolescents)

by T. Lainé,

Psychiatrist, Médecin Chef des Hôpitaux, Service d'Enfants, Ste. Geneviève des Bois, France

The aim of the study is to give an account of the practice of integrating handicapped children and adolescents who are the responsibility of a psychiatric service and to highlight a number of issues related to that practice. The paper is in six sections:

i) General remarks.
ii) Specific conditions in this field of work.
iii) The strategy adopted for integration.
iv) The progress of children who have been integrated.
v) Changes observed in the situations in which they have been integrated.
vi) Conclusions.

General Comments

In France, public psychiatry traditionally combines the functions of social protection and treatment as set out in the Act of 30th June 1838 which established a structure for the first time. Ambiguity and inconsistency cause difficulties because social protection and treatment have not been clearly differentiated in practice. Experience suggests that medico-psychological institutions and special schools have also failed to distinguish between their social protection and treatment functions, with the result that clinical and care considerations serve as a pretext for placing patients under close supervision. However, if care and treatment are to be carried out in a responsible manner, the individual must be free to make decisions and to play an active part in his treatment and determining his pattern of living. Many experiments have established that an important factor in a patient's progress is that he continues to lead a normal life and encounters a normal range of choices and opportunities. Clinical psychiatry has demonstrated over a long period that when an individual is placed in a situation where negative motivating factors predominate, therapy will have little chance of success. Conversely,

when the situation includes positive motivating factors, there is an opportunity of making progress.

For several decades the number of special institutions and arrangements for the handicapped has been increasing. A segregated system was established in all environments: the family, the school, the workplace and the neighbourhood. This system of segregation, with its expression of rejection, gained ground at the same time as the technical means of helping the handicapped within society were being developed. However, although in the minority, a current of opinion in favour of positive changes is developing, particularly among young people.

The aim of a care unit in an institution or psychiatric sector is of course to contribute to what is conventionally called a "cure". The person is treated and, once plans for his reintegration are made, the test of a "cure" being whether the individual remains integrated. From this point of view reintegration is seen as a consequence of the individual's recovery.

This view totally ignores the active and operative influence that integration or the maintenance of integration may have on individual development. We believe there is an interactive process between an individual's progress and the integration process. His practical experience of reality offers greater possibilities for autonomy and the task of those providing care is given a more lively purpose when associated with promoting and sustaining integration.

Specific Conditions in the Field of Work

The north of Essonne "département" which includes 33 average sized towns and a population of 360,000 is the area in question. The proportion of children and adolescents is particularly large with few specialised institutional structures in the area.

The service was established in 1971 for 50 mentally handicapped children and adolescents (mostly severely retarded) in a psychiatric hospital. Small units were quickly established in housing developments in a number of towns to enable close contact to be maintained with the community. After a period of four years other solutions were found for the remaining hospitalised patients and the hospital unit was closed.

A number of medico-pedagogical centres, work therapy centres and vocational institutes near our centres have adopted our objectives and collaborate closely. Over the last few years a number of teachers and educational teams and the Departmental Inspector responsible for remedial teaching have taken part in the project so that 14 school units have agreed to accept children we recommend for integration. Teachers who are convinced of the value of integration are much better placed to disseminate our practices, and audio-visual presentations

at educational seminars also help to make more teachers aware of the possibilities of integration. Contacts have also been established and developed with local councils, youth and cultural centres, cultural and sports associations and parent teacher associations, who have all helped to further the practice of integration.

Our service consists of four teams of about 12 people including doctors, psychiatric nurses, psychologists and therapists. Each is housed in an apartment in a housing development and is responsible for its own project.

We have also established in the town of Ste-Geneviève des Bois a unit which acts as a day hospital, which receives in very personalised conditions, autistic or severely retarded children who are suffering from mutism in a situation of rejection. Not more than 22 children receive care at any one time. On reception a child who has been rejected or has himself refused all contact with schools or other environments is immediately considered for integration and the child is quickly involved in experiencing the conditions for such integration.

A network of 25 host families, organised by a team of five nurses, has been established for extreme cases where treatment in a psychiatric hospital would normally be required. Thirty children are placed with these families and immediately brought back into contact with normal living conditions.

Lastly, three to six adolescents in a crisis showing acute symptoms of maladjustment can be placed in an apartment providing health care which is run as a family home. The length of stay is restricted to three months.

A staff of 84 is responsible for all these activities which includes contact at present with 1,200 children. This total includes:

i) 45 children who have no autonomy whatsoever and as a general rule are incapable of verbal communication; (These are children who in traditional clinical terms are regarded as profoundly handicapped or suffering from severe autistic disorders. Our experience with integration has led us to consider such diagnoses as dangerous and to realise how little we know of the capacity for change among the children in our care.)

ii) 350 children with severe deficiency or personality disorders;

iii) 550 children who have difficulty in adjusting within the family or school;

iv) 75 individuals who have been under treatment for several years and are now adults. Despite the persistence of relative handicaps most have been integrated including into working life, and are receiving continuing support.

Strategy for Integration

The aim is to define a number of general concepts relating to the strategy for integration, bearing in mind that this strategy is arrived at by a critical analysis of the experiments conducted by units working within an actual community. Our insistence on integration without reservation must be clear from the outset, even when some transitional arrangements may be necessary. An integration project leaves no room for compromise since only in this way can issues be set out in the clearest terms. Any other approach including transitional arrangements will simply mean that these issues are concealed.

It is not enough to insist on the integration of the handicapped person, it is necessary at the same time to propose major changes in the environment. In other words,integration leads to reshaping both the handicapped person and social structures.

In the same way integration must not be confined to a single social environment but must seek to ensure the widest possible entitlement to human and social rights and to social participation. Any restriction on this range of rights vitiates the work.

We do not deny that this approach is fraught with difficulties and may, particularly in the initial stages, give rise to many problems that are a source of conflict and difficult to resolve. But it is through dealing with these problems with the patient that a higher level of health care is given.

The strategy for integration must also include the establishment of a wide network of agents. The unit must work with other institutions and agencies to enlist support and gain acceptance for the project. The help of non-specialist members of the public is vital to the success of this work. The activities of this network of agents gradually changes the balance of opinions and procedures within the community until what is exceptional becomes generally accepted. From contacts with a wide number of organisations we have set up working groups on integration which have furthered this change. As a result where individual difficulties arise, we are able to contact members of the public and organisations, who help to resolve them. The host families are also an important influence in expanding the network of agents.

The reasons for resistance to integration must also be analysed. The main reason for this appears to us to be that, among teachers, for example, the capacity for handicapped individuals to become integrated is poorly understood. A further reason is that the problems of the handicapped are seen as technical, medical and psychological and the teacher does not see himself as a specialist. It is necessary through the conveying of specialist knowledge not to build up resistance and to encourage the ordinary individual to find solutions to problems within his own field of work.

It is often said that when a teacher or manager of a work place agrees to integration, he will not get support from other pupils and workers, but our experience suggests that when the teacher or manager is sufficiently convinced, he is capable of getting the rest of the community to back him up.

By and large, resistance is often assessed as greater than it is. Sometimes this is due to the professionals who must know how to relinquish responsibility. This is a necessary preparation for integration.

The question is often asked as to how a child should be prepared for integration and our experience suggests that no special preparation is required, although a number of steps are essential. First, it is necessary to respect the refusal of some children to integrate for a time, particularly where they have suffered persecution or rejection. The second is to involve the individual in the search for integration environments and in the establishment of contacts.

A further question is whether integration should be tailored to a child's age and the nature and severity of his handicap. While it cannot be denied that integration is easier for the moderately handicapped and for younger children, to accept constraints would be to equate integration with the ability to meet normal living and working conditions. The recognition of equal rights means that all should be integrated and it is assumed that structures and goals in social environments will need to be altered.

Training for the agents of integration is essential, but is best provided in regular meetings where participants can pool their ideas. Traditional clinical and medical knowledge should not be included, but psychoanalytic knowledge can be of considerable value in developing the capacity to interpret types of conduct, experiences and behaviour.

The Development of Integrated Children

Our goal is to integrate children into family environments and in such local structures as the neighbourhood community, school and in the case of older individuals, the working environment. Most of our experience is in connection with integration in schools and we have found that this process involves three main phases:

The first phase involves the child's ejection from the school system either through behavioural or learning difficulties. Failure in school is used by the parents as the most tangible measure of their child's problems and usually affects their relationship with him or her. The school's reaction is often in terms of appeals for specialised placement, ending up in the handicapped child's exclusion from school and his "official" acquisition of marginal status. The school, however, resolves none of its problems, it ends up by denying its own inconsistencies and often creating latent guilt feelings among the teachers.

In the second phase, the child enters a specialised institution and realises that school attendance, that has been a source of suffering, is not compulsory for him. He thereby recognises the right to reject school. The recognition of the right to be different is perhaps the only positive attribute of this phase, and it should be pointed out that there is no need to place a child in a segregated institution to achieve this end. In our reception centres we offer non-compulsory schooling upon the child's request and try to reawaken the desire to learn and to re-establish a positive contact with schooling. The main objective is to repair the damage caused by rejection.

This process of restoring "power" over the school is fostered by the evidence of other children going to school outside and by joint activities with school groups. The child expresses the wish to attend a school outside on a part-time trial basis.

The third phase is when the child finds his place in school again and his confidence is restored to the point that he requests full-time schooling. He then reaches a stage where he says he no longer wishes to be accompanied by us. If we are to be effective at this stage, we must clearly maintain very close contacts with teachers.

The way in which this practice develops may be illustrated by a few typical examples:

Stéphane C.: 12 year old, problems at school. Diagnosis at the school: moderate retardation; I.Q. of 64. Placed in a support class. Psychological treatment proposed as emotional complications were suspected.... Psychotherapy for two years and a number of breaks in education were warrented. The child rejected school during certain periods. After the two-year period school results were again taken into account. Part-time schooling in which the child made up a spectacular amount of ground.

We have now 15 or so almost identical cases in which psychotherapy has been used as a means of avoiding institutional placement.

Kenneth R.: Suspension from school at age 9 as a result of total inability to adapt. Diagnosis: hereditary moderate retardation; I.Q. of 61; very disturbed and dangerous behaviour. An attempt to keep the child integrated in the school was unsuccessful, and he was temporarily brought into our institution. Kenneth was very quickly found to be depressive and rejected any learning situation. After a period of eight months, he returned to the school as a visitor. In terms of verbal participation and manual activities, he was more successful than the other children but was incapable of following the conventional school programme. He refused to write and said that he was sure he would never be able to. He would in fact lose control of his fingers when holding a pencil and each attempt led to depressive reactions. During a classroom session, he showed the teacher a

sheet of paper on which he had managed to take down a dictation. He had written out the mathematical exercises done by the group and had put his name on the back of the sheet, adding: "I can still write something." He in fact wrote "Mummy". At the end of the session, Kenneth proposed that he should try to return to an outside school. He was integrated full-time in a class working with us at the beginning of the next school year. Three months later, the teacher wrote the following report: "Kenneth has very free status with the agreement of the class. He does everything the others do except written work. He 'does as he likes' when the others are writing. He asks questions and is very intelligent. He is well accepted by the class but arouses aggressive reactions from other teachers during recreation ... Since these results have been achieved quickly, I think that Kenneth and I will get by from this year on". Kenneth did in fact enter a primary class the next year and is now following his courses without a problem.

Learning to write and draw in fact often gives rise to feelings of anxiety.

Magalie A.: A 10 year old post-encephalopathic epileptic who did not walk until she was 7 years old. Very backward psychomotor development and rudimentary language. Integrated on an experimental and provisional basis in a primary class. Participated little and was sensitive and apprehensive, but the teacher did her best to reassure her and help her to integrate satisfactorily with the group of children. The teacher changed her teaching approach and proposed that Magalie do the manual work she liked, praising her achievements. During a recreation break she found Magalie writing awkwardly on the blackboard and immediately erasing her efforts. The teacher suggested the she should write with the moist corner of a duster, so that her writing disappeared automatically. This method enabled Magalie to learn to read and write more or less correctly in a year. Both her language and social behaviour developed considerably.

Jean-Christophe J.: 14 year old suffering from infantile autism and with almost no articulate speech. He had no contact with other children and no schooling. A proposal to go to school was accepted, but he remained on a stool in the doorway or on the windowsill with his legs outside. During the first month the teacher accepted this behaviour and asked the class to accept it. Feeling that some contact and a relationship of trust had accordingly been established, she offered an unoccupied place to Jean-Christophe, who readily accepted it. Contrary to all expectations and even before his speech developed, Jean-Christophe agreed to do a dictation of syllables on the blackboard in front of the other children. He replied to questions. The children understood what he said better than adults.

From then on integration was very rapid, notwithstanding the fact that the class was at an intermediate level.

The teacher clearly has a fundamental role to play in connection with the acceptance of the child and the interpretation of his needs and wishes. It is also essential, however, that the teaching methods be flexible and follow a pattern, which always makes an association between the child's choice, learning, achievement and pleasure. Association, music and drawing exercises often prove remarkably effective in capturing the child's interest.

Observable Changes in the Surroundings and Situations in which Integration Takes Place

Integration of handicapped children implies a two-way interaction between the development of the child and changes in the environment. Changes in the host structure are essential if the integration process is to be successful since the actual presence of a handicapped child creates special problems, raises new issues and changes group functions. Discussions with teachers and pupils of integrated classes show that some very positive changes in teaching methods, pupil participation and a different understanding of the handicapped child have taken place. Timetables tend to be arranged differently and the competitive system is often replaced by a more co-operative project.

In concluding we wish to point out a number of general assumptions concerning the issues raised by the integration of the handicapped. The effect of integration on handicapped persons themselves has already been discussed. The gains to the community and its institutions should also be stressed. The presence of different persons in a community is conducive to new responsibilities, new forms of solidarity, the shaping of a social conscience and a deeper maturity of the community itself.

A new and different understanding of both the organisation of health care and the character of handicap may also occur as a result of integration. The view that a handicap has a fixed and "given" character is questioned. The practice of integration focuses on the interactions which develop between the individual and the environment, including his cultural and historical heritage.

VII. SCHOOL INTEGRATION OF THE MENTALLY RETARDED

by M. Söder,
Sociologist, University of Uppsala, Sweden

(A summary of aspects of a research project, which studied the integration into ordinary schools of mentally retarded pupils)

The main purpose of the project was to describe and analyse the way in which special schools for the mentally retarded have been integrated with ordinary schools and to study the factor influencing the development of this integration.

The enquiry concentrated on three more specific groups of questions:

1. What are the aims of integration, how have they evolved and what have these aims attempted to achieve?
2. What are the effects of integration policies in terms of shared resources and facilities, contacts and co-operative patterns of working between staff and pupils or ordinary and special groups?
3. What are the factors which influence the development of integration within different schools?

The Project Plan

The study concentrated on the mentally handicapped, on the integration of special elementary schools (EMR) and training schools (TMR) and on the integration of class groups where these were being taught in accommodation within ordinary schools. The integration of individual pupils in regular classes was not studied. The study was concerned with how integration worked in different schools and did not look in detail at the effects of these arrangements on individual mentally handicapped pupils.

The research consisted of four distinct investigations:

1. An intensive study of five schools during the first year of the project to acquire a closer knowledge of the practical working of integration and to identify problems to be studied in subsequent enquiries.
2. A description and analysis of the emergence and aims of integration as described in legislation, reports and other publications.

3. An exploration of physical and functional integration by means of a questionnaire to all physically integrated special schools for the mentally retarded in the county including special vocational schools.
4. A more intensive study of the school environment and integration in 50 randomly selected schools with integrated training and/or special elementary schools. All the staff of these schools were asked questions including their attitudes to integration, their opinions of contacts between the two groups of teachers and pupils. As a result comparisons were made between schools working relatively well and not so well and from these comparisons it was possible to identify various characteristics which seemed to facilitate integration.

Basic Concepts

In the report special school is the term used to describe training and special elementary schools although it has a wider meaning in official publications. The term parent school is used to describe the school into which the special school is integrated.

Various forms of integration are distinguished. Physical integration implies a reduction in the physical distance between mentally retarded and other people and is used to describe the location of premises in relation to those of the ordinary school. Functional integration describes the functional distance between the two groups and is concerned with the common use of facilities and resources. Three forms are distinguished: joint utilisation, simultaneous utilisation and co-operation. Social integration describes the contacts between the mentally retarded and others and the former can be said to be socially integrated insofar as they have regular and spontaneous contact with the non-retarded and regard themselves and are regarded as a natural part of the community. Societal integration implies that, as adults, the mentally retarded have the same access to resources as other people, the same opportunities for influencing their own living situations and access to a productive role in the community.

These four forms are distinguished to avoid ambiguities and misunderstandings which are common when the word "integration" is used in discussion.

The Goals of Integration

The integration principle was formulated in the late 1960s at the same time as the normalisation principle. The former meant "giving the mentally retarded access to everyday patterns and living conditions which bear the closest possible resemblance to those of

the community at large." (Nirje 1979) The normalisation principle was a reaction to traditional residential care practices. The integration principle followed from the breakdown of support for residential provision and was a recognition that the resources available in ordinary schools could be utilised for the mentally handicapped.

Central authorities have taken a cautious line about the goals of integration. Physical integration has been the foremost objective with social integration regarded as a vague hope. The assumption has been that teaching will continue on the same lines as in segregated special schools. For this reason the individual integration of mentally retarded pupils in ordinary classes has not been regarded as a goal of physical integration.

Clearly physical integration has been regarded as an end in itself and the question of how far integration should be pursued has to a large extent been unanswered. The related question about the effects of integration on teaching and the educational work of special schools was seldom asked and has never been answered.

Physical, Functional and Social Aspect of Special School Integration

The data about physical integration and the joint utilisation of resources is derived from the survey of all integrated schools in 1976 and that concerning co-operation and social integration from the more intensive study of 50 schools undertaken in 1977.

Physical aspects

In 13 per cent of all schools integrated, the special school classrooms were in completely separate buildings and in a further 7 per cent one or two but not all of the special school classes had their classrooms in a separate building of their own. Such buildings are usually specially designed for the special school and situated close to the rest of the school.

In schools where physical integration is most advanced, the special school classrooms are located in the same building as the parent school and are not "lumped together" so as to occupy a separate section of the building. Just over two-thirds (35 per cent) of the schools had this kind of provision.

There were clear differences between training school and special elementary school classes with respect to physical integration, the former more often being in separate buildings: 23 per cent of all training school classes were housed in separate buildings as against 16 per cent of special elementary school classes.

In the more detailed survey of 50 schools, special school staff were asked whether they were satisfied with their premises. A clear majority were satisfied but one third were not. The main dissatisfaction was that facilities were too small lacking in additional

facilities such as toilets, activity rooms and group rooms. Dissatisfaction was also expressed about the premises being too segregated.

Functional aspects

The extent to which it is common for the resources of parent schools to be jointly utilised is illustrated by the following examples: 53 per cent of special school classes used one or more practical subject facilities outside the parent school; 63 per cent of special school classes had practical subjects taught by parent school teachers in their own classrooms.

The fact that in more than half of the schools investigated, the special school had to venture outside the parent school in order to find practical facilities is remarkable. This applies above all to domestic science where in 34 per cent of the schools special school pupils had to go elsewhere. The figure for handicrafts was 10 per cent. The high figure for domestic science is explained by parent schools in 65 per cent of the cases investigated being junior-intermediate schools, in which such facilities are not normally provided, as ordinary school pupils do not start domestic sciences in their schools. Special schools on the other hand require such facilities as part of an adaptation to daily living programmes, which starts at an earlier age. In 9 per cent of the schools investigated, the special school classes had practical facilities of their own.

Joint use of personnel is illustrated as follows: in 80 per cent of schools the special school draws on the services of the parent school nurse; in only 3 per cent of schools the special school draws on the services of the parent school psychologist.

The difference is probably due to the fact that the ordinary school nurse is sufficiently trained to cope with the health needs of the mentally handicapped whereas the special schools tend to draw on county council psychologists specialising in mental retardation.

Simultaneous use of facilities is to be found in the great majority of schools, special school and ordinary pupils sharing the same dining room and playground. However, only in just over half the schools do the "breaks" coincide completely in the use of the playground.

The intensive study also looked at the sharing of resources by special school and ordinary school teachers and the contacts between the two groups. There were practical problems in separated premises. In the total survey of integrated schools, both sets of staff used the same staff room in 72 per cent of the schools. In 80 per cent of these schools, the staff room was used by special school staff every day or "as often as by the parent school staff".

Co-operation within functional integration is the word used to describe activities in which both special and ordinary school pupils

take part. Co-operation in non-teaching activities was shown in the wider survey to take place in 96 per cent of all schools. Most of these were limited to activities in which the whole school took part such as end of term ceremonies and other festivals. In 14 per cent of schools, both groups took part in joint sports and open air days.

Group co-operation in teaching took place in 70 per cent of schools, but in 48 per cent was less than one lesson a week and in only 22 per cent did it take place at least once a week. These figures come from the intensive study of 50 schools. The content of group co-operation was very varied in character, but usually centred on freer activities such as film shows, funtime and is more common in non-theoretical and practical subjects. The co-operation is usually with older groups of special school pupils and younger ordinary school groups.

Social aspects

Social integration was studied as part of the intensive studies of five schools and as part of the survey of 50 schools. In several previous surveys questions have been asked about the frequency with which special school and elementary school pupils play together. In these surveys, the proportion of elementary school pupils stating that they play with special school pupils "usually" or "now and then" vary as from 7 to 49 per cent and similar differences emerge in numbers stating that they "talk to", "tease" or "fall out with" special school pupils.

There are many reasons for these differences. Difficulties involved in measuring contacts and attitudes, variations in attitudes over short periods of time and expectations of integration may go part way to explaining differences but they do not explain everything.

If a generalisation is to be ventured, contacts between the two groups of pupils, both positive and negative, are uncommon. Apprehensions that special schools might be victimised are not borne out by the survey. On the other hand, findings do not show profound contacts between special school and elementary school pupils. Mentally retarded pupils are accepted but often form a community apart. One of the studies suggests that special school pupils are more deprived of school fellow contacts. This study showed that elementary school pupils were most positive about associating with classmates, less positive towards other elementary school pupils and least positive of all towards special school pupils.

If integration is aimed at generating spontaneous and profound contact between special school and elementary school pupils, this aim has not been achieved. But many of the teachers do not regard integration in this light. They refer to the positive implications of even limited contact. They emphasize that special school pupils

learn a great deal from their daily encounter with ordinary pupils. They learn "how to behave" in a host of different situations, referred to as an important factor in their adjustment to normal living. Emphasis is also laid on the importance of superficial contact for elementary school pupils. Although they do not become closely acquainted with the special school pupils, they learn that the community includes them and they find out how such people behave.

Why Does Integration Evolve Differently in Different Schools?

This question was one of the principal aims of the project and three different school characteristics are related to the development of integration, physical integration and joint utilisation of resources, general school background factors and school climate or ethos.

Physical integration and joint utilisation

There is a clear connection between the degree of physical integration and the amount of jointly used resources. The position of the special school classrooms in the school does not appear to have any decisive effect on the development of overall co-operation in a school. The study showed however that different degrees of physical integration do affect contact between pupil groups. In schools where special school classrooms are incorporated in the school, positive pupil contacts are judged to be more common than in schools where special school classrooms are more apart. On the other hand, physical proximity does not appear to increase negative contacts. The same trend is evident in teacher contacts, where in schools where special classrooms are close to classes in the parent school such contacts are rated positive. Although teacher and pupil contacts are increased by closer physical integration, different degrees of such integration do not influence the degree of teaching co-operation.

Functional staff integration is most closely linked with the extent to which integration has been developed and teacher contacts appear more positive where this has taken place. Teaching co-operation and positive pupil relationships are more common in schools where there is a high degree of material resource sharing. The connections between joint utilisation of personnel and the simultaneous use of playgrounds and dining halls and the evolution of integration are astonishingly weak.

General School Background Factors

Three factors were found to be bound up with the extent of integration, the size of parent schools, the levels (age groups) represented in the parent school and the type of special school integrated.

Integration has progressed furthest in parent schools with less than 300 pupils. Co-operative teaching, positive contacts, are more common and negative contacts less evident. Contacts between special and parent school teaching staff are also influenced by size of school, but it is in schools with more than 600 pupils where staffs appear less well integrated.

In schools with senior level classes, contacts between the two groups of pupils are invariably given a more negative rating. Although these schools are larger, the differences persist if comparison is restricted to schools of the same size.

The findings also show that training school classes are less well integrated than special elementary school classes. They are less physically integrated, there is less resource sharing and less teaching co-operation.

No differences were found between schools with different numbers of integrated classes with regard to teacher and pupil contacts.

School Climate

Contacts between special school and parent school pupils appear to run smoothly in schools with a good general atmosphere. The way in which pupil welfare matters are dealt with is also important. "Receptivity" towards the special school appears greater in schools where teachers are accustomed to assuming responsibility for pupil welfare than in schools where decisions are made by special pupil welfare experts. Teaching co-operation appears to have advanced furthest in schools where the special school staff at the integrated school make decisions and take initiatives. Co-operation is less common in schools where decisions and initiatives emanate from the school management.

The general attitude towards integration is the important factor where the values of the parent school staff are concerned. Where the special school staff are concerned, it is their aims and aspirations that appear to be important. Integration has progressed furthest where the special school staff are active in developing social integration. Whereas the passive goodwill of the parent school staff is important, it is the active aspirations of the special school staff which influence the actual development of integration.

VIII. INTEGRATION OF HANDICAPPED CHILDREN IN ITALY: A VIEW FROM THE OUTSIDE

by L. Vislie,
Professor, Institute of Educational Research,
University of Oslo, Norway

SOME BACKGROUND INFORMATION

The OECD project on the "Education of the Handicapped Adolescent" became interested at an early stage in current policy on integration in Italy.

As part of the project it was decided to examine the situation in Italy more closely. On the initiative of OECD a research team was organised in Italy. The OECD Secretariat and a small international team collaborated with the Italians in setting up guidelines and working out issues. It was also arranged that consultants would visit Italy and report on the situation from an outside perspective.

As a consultant to the research group I was invited by OECD to visit Italy from 7th to 11th May 1979. I was particularly requested to compare "Norwegian and Italian strategies for integrating handicapped children in ordinary schools with special reference to teacher training and curriculum development".

I had very little knowledge of Italy, its school system, educational politics, and teaching practice. When school reforms have been discussed in Norway, little or no reference has been made to Italy.

Background material made it clear that the conditions for integration of the handicapped in ordinary schools were different in the various regions of Italy. In a short visit it was impossible to cover all regions, and it was therefore decided that I should concentrate on one. The OECD Secretariat and the co-ordinator in Italy then arranged for me to go to Rome. My impressions are based on the observations I made and the information I got in Rome, and they may therefore not be applicable to Italy as a whole.

I visited five schools, three elementary schools and two scuola media (middle schools). Much of the time was in fact used in walking around in classrooms. While walking around I talked to teachers; in addition I had the opportunity to attend meetings of teachers at

two of the schools, and also a meeting of teachers from different schools (mostly scuola media) at the Centro Inziativa Democratica degli Insegnanti. All these meetings were specially arranged in connection with my visit. To a great extent, my view on integration in Italy, teacher training, special teacher training, curriculum problems, etc., is influenced by what I experienced at these meetings. Quite a lot of the time the teachers examined me on integration in Norway, which gave me less opportunity to ask all my own questions - on the other hand, I think this put me in a better position to grasp the differences and similarities between integration in Italy and integration in Norway.

Since I was asked to make special reference to teacher training and curriculum development in my report, I should note that I did not visit any teacher training colleges and made only brief visits to the university. Neither did I visit any special schools. However, I visited many different institutions and organisations, which was important to an understanding of what is going on at present within Italian schools and teaching.

The following report is organised in a number of sections, each designed to consider a topic relevant both from an inside (Italian) and an outside (Norwegian) perspective. The topics selected for particular consideration are:

1. The meaning of integration.
2. Integration: an invitation to share the standards of normal life.
3. Integration as a reform policy and some strategies of implementation.
4. Do they integrate handicapped pupils in the schools in Rome?
5. Teaching and integrated classrooms.

The Meaning of Integration

The teachers I met in Rome always asked: "Do you integrate handicapped pupils in Norway?" The way the question was posed indicated that they expected a clear answer - either "yes" or "no". I decided to say "yes", but must admit that I would have preferred to say "Yes, but ...!" - particularly after observing the situation in Italy for a while. To the Italians there is no third answer to this question, to cover any intermediate position. Either you integrate or you do not. In Italy they integrate.

In the 1960s various Acts were passed by the (National) Parliament to provide or improve education for handicapped children. The provisions were based on separation of handicapped and normal children, as education for handicapped children was either provided in special schools, special classes, streamed classes or by the setting up of

remedial courses. In spite of the differences between these arrangements, they are now obviously all regarded as examples of segregated provision in Italy.

In 1971, Act no. 118, brought segregation policy to a turning point. This Act stated that compulsory education must take place in the regular classes of the public schools, with the exception of physically or mentally handicapped who are so severely disabled that it would be very difficult to integrate them in such regular classes.

According to the law a clear distinction is introduced between education taking place within regular classes of the public schools and all other forms of provision, and only the former is called "integration". The educational policy and practice is based on a much clearer definition of integration in Italy than in most other countries.

This, however, is more than a mere question of terminology. What is at stake in Italy, as in all other countries, is the right to education of handicapped children. To what extent do they have the same right as others to education; and does this right mean for them the same or a different kind of education?

Unlike legislation in most other countries, the Act of 1971 (and several later Italian Acts and Ministerial Circulars, in this field) not only states the (equal) right to education of handicapped children but also states in which form this education is to be provided. This means that handicapped children have the legal right to an integrated education.

When speaking to teachers and others, one gets the impression that no alternative approach to education for handicapped pupils exists except integration. Conversely, to be against integration is the same as denying handicapped children their right to education, e.g. denying them a human right.

From a Norwegian point of view, the question is usually whether or not priority is given to all the "extras" connected with providing education for handicapped children - extra funds, teachers, facilities - based on the idealistic philosophy that only the best is good enough. The Italians obviously support a different philosophy: to give priority to the needs of the handicapped means to invite them to join the normal conditions of life, and share whatever standards of quality this life may have. This philosophy has its adherents in other countries too, but for some reason it has emerged as a major philosophy in Italy.

To sum up: integration in other countries means a particular way of organising special education for the handicapped, where special education comes first and then integration. It seems to me that in Italy integration comes first. Whether special education comes next may be discussed.

There is no doubt that the policy of integration in Italy represents a new and on the whole a totally different approach to education for handicapped children. This policy represents a complete break from traditional special education, not because it had failed or was of a lower standard, but because of a rejection of the philosophy on which it was based. Part of the strategy reflects a tendency to reverse the methods and techniques of special education rather than to adjust them to an integrated system. Thus in Italy, it becomes meaningless - even confusing - to consider integration as a particular way of organising special education. It is better to see integration in Italy as integrated education.

Integration: An Invitation to Share the Standards of Normal Life

To the extent that integration in Italy means "an invitation to the handicapped to join the normal conditions of life and share whatever standards of quality this life may have", the focus of attention is turned upon the school system itself and the normal conditions of teaching and learning.

This cannot be done in full here. I will only point out some aspects of the normal standards of qualities of Italian schools and classrooms, making reference to features which I think are important in terms of the integration process.

The size of the class is small, with a maximum of 25, and a minimum of 15 pupils in each group. In addition, there seem to be more adults in the schools because the "bidelli" are present during the whole school day. Cleaning the school is only one part of their functions: they meet visitors at the entrance; they look after the outside premises; during the lessons some of them will sit outside the classrooms and look after the corridors, ready to help pupils to the toilets or to bring back to the classroom any pupil who might try to run away or wishes to walk around. As far as I could see, none of the bidelli interfered with anything that was going on within the classroom, but outside the classroom the children were obviously within a domain where the number of adults had greatly increased. The relationship between the teachers and the bidelli was interesting: in one school I got mixed up because I could not find out who were the teachers and who were the bidelli. Both groups are organised in the same unions. The number of bidelli appointed to a school relates to the number of classes: 1 bidelli for 6 classes.

Furthermore, the relationship between adults and children is generally warm, and the atmosphere is relatively free and relaxed. The teachers seem to be very tolerant of noise, which may be a "must", considering the terrible acoustics in many of the schools.

There is a shortage of school premises in Rome (many schools work double shifts), many buildings are very old and/or inconvenient for

many modern teaching activities. There is a general lack of facilities like science laboratories, libraries and gymnasiums. Most of the classrooms are very poorly equipped.

Some differences were observed: the Montessori school had a better standard than the other schools as it had the status of an experimental school and received additional funds from the Ministry. In another school all the classrooms appeared to have nothing but tables and chairs, a book and a pencil for each pupil and the traditional blackboard, except for one classroom, which was filled up with things and drawings made by the pupils, and which also contained a typewriter, a duplicator and bookshelf (books and comics). The former special school I visited had more specially devised teaching material in use than I observed in the other elementary schools.

As for the standards of the teachers, it is particularly important to notice that the elementary school teachers in Italy are still trained at secondary school level, in the "instituti magistrali", which means that they choose their future career at the age of 14-15. The length of their training course is four years (compared to five years in the parallel upper secondary schools - the "liceo classico/scientifico"). Consequently, there is a large enrolment of females and people from lower socio-economic groups in the "instituti magistrali". Graduates from these institutions may have access to all university courses, but only by way of an additional one year preparation course. Secondary school teachers (teachers of the scuola media) are trained at the university level.

The great professional difference between elementary and secondary school teachers reflects what seems to be a fundamental difference between elementary school and scuola media. Since 1962, when the scuola media was established, both stages of compulsory education have organised classes according to a mixed ability/mixed social background principle. There is, however, a characteristic difference between them, explained to me by a representative from the Ministry. The emphasis of the elementary school is mainly on the development of a good relationship between the pupils, and between the pupils and the teachers. In the scuola media, emphasis is on instruction in various subjects and on academic preparation. As a consequence, it is difficult to establish good links between the two stages of compulsory education.

Some schools are half-time, others full-time. When a school is "tempopieno", the school day begins at 8.30 and finishes at 16.30 with a lunch break of 1 hr. 30 mins. for five days of the week. Saturday morning lessons continue until 13.30. There are no afternoon classes but there are meetings. Pupils spend about 36 teaching hours a week in a full-time school, as compared to about 25 hours in a half-time school. Apart from these differences, the balance of the

timetable is different. All the subjects ("curriculum activities") of the half-time schools are on the timetable of the full-time schools. The full-time schools have, however, some other "subjects" added. These extra-curriculum activities are called "attività integrative".

At Vittorino de Feltre, which is a full-time elementary school, I got the impression that even in a full-time school there are certain formal distinctions between the two groups of "subjects".

Teachers for the curriculum activities were appointed to the school and paid by the Ministry. The teachers for the integrative activities were, however, attached to the school according to different procedures. Some were paid by the Provveditorato and some by the Comune. These teachers were not professional teachers, but dancers, musicians, artists, etc. I was told that the teachers for the curriculum activities were substituted in case of illness, the teachers for the integrative activities were not.

A very important point to consider in this connection is the evaluation and assessment procedures of the schools. In Italy until 1977-78 pupils in compulsory schooling were assessed on a ten-point scale; 6 was "sufficiente" and the number acquired an almost magical significance. Now this method has been abandoned; instead teachers must provide "giudizi (informal judgements or profiles).

Obviously, the concept of assessment as a means of either selection or rejection is no longer accepted in Italian schools. Efforts are being made to work out an evaluation procedure which takes account of the fact that there are individual differences among the children, as to experiences or background which may or may not be conducive to learning.

The school is expected to take evidence of effort and willingness to participate as its basis of assessment, but first the school has to provide the conditions necessary for these qualities to manifest themselves. The idea is therefore to make evaluation an integral part of the teaching process, i.e. that the standards of the school, the quality of teaching and pupil performance and progress become integrated aspects of evaluation.

I have tried to understand the characteristics of regular classrooms in public schools, as a background to the integration process taking place. There are some strengths and some weaknesses, but more important, there are also features consistent with the policy of integration. These are the tendency to keep the classes small, the emphasis on adults as a resource in education, the quality of the adult-child relationship in the schools, the high priority given to socialisation in education and the efforts made in trying to break away from traditional assessment procedures.

Integration as a Reform Policy and Some Strategies of Implementation

Since the first law on integration was passed in 1971, the normal conditions for teaching and learning have changed. Some of these changes are closely linked with implementation of the new policy for educating handicapped children.

The size of the class is reduced to a maximum of 20 when one to two handicapped pupils are being integrated. None of the classrooms I visited had more than 20 pupils.

A new group of support teachers has been attached to the normal schools. These teachers should preferably have some special education training or some previous experience with handicapped pupils, but from my observations support teachers were neither more specially trained nor more experienced than the regular class teachers. The support teachers I talked to had either recently graduated and had therefore not been able to obtain a permanent teacher position, or they were mothers entitled to reduced teaching hours. (Support teachers teach three hours a day.)

There appeared to be no set rules abut the way support teachers are appointed to the schools. Several factors are important: for instance, the severity of the handicap will decide to what extent extra support is needed; it may be difficult to add up individual needs for additional teacher support to an exact number of support teachers, etc. According to Act No. 157 of 1977 handicapped pupils are entitled to six hours of support per week (but this may particularly refer to the scuola media). In general there is a shortage of support teachers. A school may not automatically get support teachers when integrating handicapped pupils; at Vittorino de Feltre there were no support teachers because - I was told - the Provveditorato had found the class size to be very small (actually there were 18 or 19 pupils in every class).

Apparently there is some uncertainty or confusion as to how the work of the support teachers is to be organised. According to a Ministerial Circular (No. 169/1978) the support teachers are assigned to the classrooms, not individually to the handicapped children. The Provveditorato for Rome had, however, presented a circular to the schools ordering support teachers to take handicapped children out of the classroom, thereby forbidding the practice of having teachers and support teachers in the classrooms at the same time. The School Union had taken a strong position against this, and a new circular was expected to come from the Provveditorato. From what I observed, some schools in Rome practised co-teaching, others let the support teachers take the handicapped pupils out of the classroom.

For the most severely handicapped to be integrated, special assistance may be needed during the school day. Ancillary helpers are provided according to the 1971 Act. I only once observed an assistant

in a classroom; she was continuously helping a severely handicapped boy perform some tasks organised individually for him by the teacher within the regular classroom. It was particularly interesting to notice how the assistant tried to support communication between the handicapped and the other pupils.

According to the law, schools and classes integrating handicapped pupils are guaranteed the support of a socio-psycho-pedagogic team. The team consists of a social worker, an educational psychologist and a physiotherapist. As far as I could understand the Ministry has never organised and set up teams under the educational authorities, but the provision has been available by agreement with other services at the provincial, regional or local level, or with various private bodies. A general shortage of personnel, lack of co-ordination within and between the services, have made this provision rather fragmented.

It was told that integration was easier to accomplish when the socio-psycho-pedagogic team was present in the area, and also that up till now there had been very few such teams in operation within Rome. As a result of the recent Health Reform (December 1978) it is now expected that all welfare/health services within a given territorial area will become organised in Local Health Units. The key idea of the reform is decentralisation - from the State/Regions to the local authorities of the Comune and their links in larger and smaller districts. In the field of education it is worth noticing that the system is still centralised - the schools are responsible to the Ministry and not to the local authorities. Many problems, like those associated with the setting up of a socio-psycho-pedagogic service, are difficult to solve within such a system. It may therefore become necessary to transfer the responsibility for this service to the local level of administration by linking it to the Local Health Units.

The integration reform is therefore a challenge to the Italian centralised school system itself. Similarly each school and its teachers may also be challenged by having to relate - somehow - to other professional groups and systems. I had very little opportunity to observe the teachers in co-operation with representatives from the socio-psycho-pedagogic team. Many teachers complained about not having had contact with a psychologist, but the few who had received such support told me they were very satisfied with the help they had got. On the other hand, people from the local rehabilitation units often complained about the teachers not being open to co-operation.

Do They Integrate Handicapped Pupils in the Schools in Rome?

It was particularly impressive to visit Scuola Elementare Vittorino de Feltre, which had started as a special school ten years ago and which in 1975 was opened to integration, i.e. it had become

a neighbourhood school. The school now had 200 pupils, of whom 23 were classified as handicapped (of different categories: multi-handicapped, epileptics, cerebral palsied, severely mentally retarded, autistics, mongoloids, emotionally disturbed). I spent half a day in this school, walking from classroom to classroom, and in every group I observed there was at least one handicapped pupil present.

A large number of handicapped pupils were also integrated in other schools that I visited: Scuola media Statale "Virgilio" (ex-Montessori) had integrated 30 handicapped pupils among a total of 128 pupils (I spent very little time in classrooms at this school), and Scuola media Via Nocetta had a total number of 28 pupils, of which 50 were handicapped (at Via Nocetta I only had a meeting with the teachers after the pupils had left for the day).

The number of handicapped pupils integrated in the two scuola medias mentioned above was as large as, for instance, in the elementary school referred to (and even larger than in the other elementary schools I visited). The two scuola medias were probably biased in favour of integration compared to scuola medias in general. I was told several times that the integration policy had been more easily carried out in elementary schools than in secondary schools. At Vittorino de Feltre the Directrise mentioned the difficulties the school and the parents had in finding a place in secondary school for the oldest (severely) handicapped pupils. Vocational training was also difficult. I also observed some handicapped pupils in grades 4-5 of elementary school who were up to three years older than their classmates. However, none of these pupils had stayed with the class - been integrated - for more than 1-2 years. The idea now was to keep them with the group till the end of elementary school and then try to get them into the scuola media.

The extent to which repetition of grades is still in practice in Italian schools is not clear to me, and I think it is important to know this, because it concerns the terms on which handicapped pupils are integrated. I raised the question in discussion with a first grade teacher. She considered that the mongoloid child who was "immature" and far behind the others in terms of scholastic achievement, should repeat the grade, but then she added that "the psychologist thinks he should not". Actually the class council (teacher and parents' representative) makes such decisions, though in effect it is usually the teacher.

The rate at which integration had been achieved might depend on whether a school was full or half-time. In Rome there were still many half-time schools. In 1975 a Ministerial Committee had proposed full-time schooling where handicapped pupils were integrated, but this had never been made compulsory. At the meeting with representatives of the School Union I was told that they were pressing for full-time schooling, because they supported integration policy.

I tried to find out what could prevent a handicapped child from becoming integrated. According to the Act of 1971, a child might be excluded because of the severity of its handicap. This is no longer the situation. A Ministerial Circular of 1975 states that integration should not be prevented if it is judged positive and possible for the handicapped.

In many cases, particularly in this field, legislation at the national level will have no effect unless followed up at the regional level.(1) Regional acts are all for integration, so in principle there is no problem so far. However, different levels of responsibility within the administrative system of Italy may in fact prevent a handicapped child becoming integrated. It seems to be more than usually difficult to co-ordinate activities between ministries. i.e. the Ministry of Education and the Ministry of Health. Special education (in its traditional form) and normal education are under the jurisdiction of the Ministry of Education, while all welfare services for the handicapped are run by the Ministry of Health. The health service has, however, become more decentralised and may now be expected to function more in accordance with local needs. Education is still highly centralised and - as a consequence - inclined to function according to rather rigid rules.

Integration of handicapped children may therefore depend upon the resources of the local health service, and the extent to which this service is able to fit in with the schools.

At one of the teachers' meetings I attended the teachers/headteacher came out strongly against the local health service representative present, because the Comune did not provide the support necessary for the schools to be able to integrate the handicapped. The headteacher also mentioned that six physically handicapped children had to be turned away (i.e. sent to special schools) because of lack of assistance from the Comune.(2)

To a very large extent, integration of handicapped children has taken place in Italian schools without the necessary support. In practice it is impossible for teachers or schools to refuse to integrate handicapped children, but in schools where the commitment of the staff is low and outside support service is lacking, a handicapped child may be prevented from becoming integrated.

---

1) In the field of health, social assistance, vocational education, etc. the region has authority and is entitled to make laws. The region has so far no direct authority over compulsory education but it is necessary that regional services support the handicapped if they are to be provided for in regular schools.
2) In fact I was informed that five "operatori" (members of the local health team) were at work in this district and more than 200 handicapped pupils were integrated.

The most important factor is, however, the extent to which the local population is pressing for integration. In most places this pressure is very strong. At Vittorino de Feltre elementary school I was told that the local "quartiere" had asked for integration to take place. I also attended a meeting at the "Comitato Cittadino" - a voluntary organisation of parents and citizens committed to social welfare across all local administrative departments. It was a normal weekly meeting of a sub-group particularly devoted to the policy of integration. One point on the agenda is worth mentioning. A group of parents had applied to the Comitato because legislation on handicapped children had not been implemented at their school. The group decided that representatives from the Comitato should make contact with the school and the teachers and convince or remind them of the rights of handicapped children to integration.

Lack of modern facilities did not seem to prevent the integration of physically handicapped pupils. In the Scuola elementare Vittorino de Feltre, an old school building dating from the 1920s, to climb the stairs was quite an exercise even for healthy people with good legs, and yet I found severely physically handicapped pupils in the classrooms on the third floor!

Teaching and Integrated Classrooms

A regular classroom is still regarded as regular after one or two handicapped pupils have been integrated. An ordinary teacher is in charge and teaching is carried out within the framework of regular schools and grades.

This is particularly true in Italy where integration has come about with relatively few changes. All the "extras" that in other countries have usually followed handicapped pupils into regular classrooms (technical devices, expert support, specially devised teaching programmes and materials) have not been available in Italy. Special education services and expertise have not become "integrated" with regular teaching as a result of handicapped pupils being placed in normal classrooms.

Discussing the problems of teaching in integrated classrooms at a teachers' meeting, I referred to the Norwegian policy of having special teachers in normal schools, and special schools as support centres for ordinary teachers who have handicapped pupils in their classrooms. I asked if there was a special school in the area and whether the teachers could get in contact with the teachers there. I was told that there was in fact a special school in the area and that some of the teachers present at the meeting had been invited by the special school for a meeting, but they had refused to go because "we are against special schools".

Special schools have been strongly criticised in recent years in every country, but nowhere - so far as I know - so strongly and persistently as now in Italy, especially by ordinary teachers. The ordinary teachers do not seek the assistance of special school teachers, nor do they generally expect that the knowledge they may possess could be of any value in solving the problems of teaching in integrated classrooms.

That regular classrooms and teaching should remain "regular" after integration is of course a consistent part of the Italian philosophy. Too many "extras" would have been against this philosophy, in a way spoiled the experiment, and for this reason some people have even objected to the principle of having support teachers in the schools.

I do not think teachers will agree to this objection. It is very difficult for them to refuse any support they may have. Nevertheless, the new realities created, and to some extent forced on teachers, by integration, have to be worked out by adjusting, modifying and changing regular teaching on the basis of concrete experience. This seems to be at the core of the Italian experiment and raises many questions such as: How special is special education? How necessary is it for handicapped children to get this particular provision? What characterises teaching in integrated classrooms? Is is possible to identify distinctive traits and talk about "integrated teaching"?

I had these questions in mind when talking to teachers about their experiences and when making observations in classrooms. What follows are my impressions of some tendencies in teaching - with particular reference to potential and possibilities for improvements and to what eventually might become a specific integrated teaching practice.

The presentation is fragmented and mostly based upon information gained from talking to people through an interpreter. Language problems made direct observation of the teaching and learning process within the classrooms impossible.

Normal teaching varies from country to country. Any changes in teaching practice that come about as a result of integration have to be understood in terms of what it was like before in a particular country.

To a certain extent every classroom is also unique, mainly because it represents one teacher and a small selection of a wide range of different pupils. Each mixture is unique, and this is more true of integrated classes where only two individual handicapped children, representing any of the categories of handicaps, have been added to the selection.

The problems faced by teachers when handicapped pupils are placed in their classrooms are therefore very different. Teachers will usually say that teaching has become more difficult but, whereas some seem confused about what to do, others seem to be confident. There is always a difference between good and bad teachers, but the particular handicap of the pupils being integrated in a classroom may be important, and the problems connected with teaching the other pupils in the group may have an effect.

It was impossible for me to sort out what importance each factor might have in each case. Three of my notes concerned psychotic children in different classrooms. I report on these cases, particularly the way they were presented to me by their teachers, because they may indicate how differently similar cases may be viewed in terms of teaching.

The first case was a schizophrenic boy aged 14½ who had been with a fourth grade group for about 1½ years. When he joined the class, his behaviour had been rather odd but now he worked very well along with the others. His teacher mentioned that he had been walking on all fours. The boy's behaviour was still a problem at home, but the teacher obviously considered him a normal pupil. He assured me that nothing had been changed in his classroom as a consequence of the schizophrenic boy coming in.

The boy had a twin sister in another classroom at the same school - also in the fourth grade. Her teacher was a former special school teacher, who had experience with all kinds of handicapped pupils, but mostly with the mentally retarded. He said she was against integration and that she had been afraid of taking the schizophrenic girl into her class. She was now glad that she had agreed to take her, because the experience had been very positive. She gave details of the girl's scholastic progress and what she hoped to achieve with her next year. In spite of the good results she had obtained, she still thought that special schools are better for handicapped children, because they learn to read and write more quickly there. She felt guilty because she could not devote enough individual time and attention to the girl.

The third example was a case reported to me at one of the teachers' meetings. The teacher referred to a psychotic child as a very difficult pupil to handle. She did not know what to do with her and wanted me to help her work out a teaching programme.

Compared to the first two teachers, who approached their psychotic pupils very differently, but who both seemed confident and quite successful in their teaching, the third teacher seemed to be just confused. The number of confident and confused teachers is of little interest here, the important point being that teachers who are more confident than others obviously represent an important resource for

further implementation of the reform policy throughout the Italian school system.

However, my impression is that the system does not use the teachers as a resource in the process of renewal.

According to the Italian philosophy, improvements in teaching come from within schools but teachers do not seem to be regarded as innovators, or as so close to the grassroots as psychologists, social workers and doctors. These other professionals criticise the schools without being specific about the changes they would like to see. Teachers also seem very isolated in their own classrooms with no time for planning and co-operation. In one school, however, by agreement with parents, children stay at home on Saturday mornings and the teachers spend this time in planning. Teachers in this school work on a co-teaching basis and I observed excellent examples of integrated teaching.

How is this experience disseminated in Italy? The Provveditorato is responsible for organising in-service training for teachers. Some courses - mostly subject-oriented - are being arranged. These may better serve the needs of the scuola media than the elementary school teachers, but many school and university teachers regard the courses as too theoretical. It was decided seven or eight years ago to set up consultative bodies within each region for research in the schools, but for political reasons it has not yet been possible to implement this decision.

My last point relates to the training in pedagogics at the University (the Institutes of Pedagogy and the Facolta Magistero) and in the Instituti Magistrale. I found didactic topics somewhat disregarded by teachers, other professionals and educationists. If it is still presented as fragmented recipes for how-to-do-this-or-that in teaching, I can well understand that it is disapproved of. Otherwise I would say that disregard of didactics is the same as disregarding what is going on in teaching and ways of changing it. Without good training in didactics, it is also very difficult for teachers to plan and reflect on their own teaching.

It is impressive to observe confident teachers in integrated classrooms, and what they are doing should be intensively studied, discussed and analysed by the teachers themselves. Thus the experience from within may become an important basis for further improvements in integrated teaching. It is extremely important that the teachers are stimulated and supported to reflect upon their own practice. The best way to do it is probably through locally organised in-service training, with the teachers actively participating in running the courses. (The courses now being arranged by the health teams at the local level are also for teachers, but these courses are serving integration purposes generally, and are not specifically oriented towards integrated teaching).

Specific Problems of Integrated Teaching

Regular teaching in Italy is not particularly oriented towards individualisation; nor is integrated teaching. When handicapped pupils were put into ordinary classrooms the size of the class groups was reduced, not to increase individualisation, but mainly to make it easier for a class teacher to provide for all children as a group. A more individualised facet of the teaching in Italian schools may be represented by the support activities. For this reason there have been some objections to support teachers and particular support programmes. Efforts are made to organise support programmes on an integrated basis - mostly in the same ways as integration is worked out in other countries. Even where support activities were organised outside the classroom, efforts were made to soften the individualised or segregating character of the provision; for instance as in Scuola media Via Nocetta, where two handicapped and two non-handicapped children were taken out by the support teachers and taught as a small integrated group. In this way the support teachers and the ordinary class teachers were in principle made mutually responsible for all pupils. "Who is in charge of whom and of what?" was, however, a question suggesting the general uncertainty at this school.

Conflicts between segregation and integration are not easily avoided, and here they manifested themselves within the ordinary school. Italians - probably because their philosophy of integration goes deeper - are also more aware of this kind of problem. Such problems are on two levels, and it is my impression that they are more conscious of formal and organisational problems than of teaching problems. Certainly people were more articulate about the former.

Problems at the formal and organisational level clearly interfere with teaching, but there are also more specific problems. The activities of the support teachers may serve as an example. These activities are for the minority of handicapped pupils, and their content and method must be a challenge to integrated teaching. How much is needed? And what actually is needed? These are the questions to be discussed in relation to each handicapped pupil, but not entirely answered on the premises of individual needs. What serves integration is also rightly considered important, because integration is regarded as a vital part of the needs of all pupils, the handicapped as well as the non-handicapped.

If integration comes first, special needs, or individual needs cannot be evaluated independently. This is why what is going on in Italian schools cannot be evaluated by the standards of special education. On the other hand, integrated teaching is not achieved just by having handicapped children present in a classroom.

The quality of integrated teaching is not easily evaluated. A handicapped pupil is not necessarily neglected because goals are not

set individually for him or her, or if an individual programme of teaching is not followed. On the other hand, the progress of an integrated pupil may not necessarily be credited to good teaching.

If integrated teaching is to be understood as teaching which tries to link individual needs and activities with group needs and activities, it should also be evaluated on this basis. This cannot be done by a quick look into classrooms or by brief talks with teachers, but some of my observations may illustrate what I noticed as interesting indicators of integrated teaching:

First, a less successful case of a mongoloid first grade boy, referred to before; in his classroom integrated teaching was definitely not achieved. The boy seemed to be singled out from the rest of the group. His desk was in the corner of the room; the others were sitting apart from him, mostly in groups of 2-4 around each table. According to his teacher, the boy could only participate in a very few of the activities of the others. Emphasis was on formal training (on the 3 Rs), and there was little time for extra-curricular activities. A support teacher was attached to this group. She and the class teacher both tried their best to provide for the handicapped boy, but this was very difficult, and in their opinion he made little progress. The boy tried to get away from the classroom. He preferred to be with the pre-school classes attached to the school, where he had been the year before.

In one of the classes of a relatively poorly equipped, part-time elementary school it was possible for a teacher to organise a variety of activities for the fourth grade. This group included the psychotic boy, also referred to above. Activities were oriented towards real-life problems, and there was an atmosphere of openness and expression which indicated that this was a healthy classroom environment for all pupils, and a type of teaching environment which might be particularly profitable for the psychotic boy.

There is usually more variety of activities in a full-time school, because the "attività integrative" are included on the timetable. Integrative activities and full-time school mean more opportunities to meet a wider range of individual needs, and thus serves the purpose of integration. The particular challenge for integrated teaching is, however, to organise for a variety of activities which are in some sense interrelated. At Scuola media Via Nocetta I was informed that they tried to organise teaching and learning for all pupils within the same programme. For the whole three-year course teaching was organised around a central topic, for instance, "language and communication". The first year group then studied "the language of the artists, oral language". The second year group studied "the language of the body, written expression". The third year group studied "language of the mass media". Emphasis was on group work.

It is easier to provide for a wide range of individual interests and abilities when emphasis is more on communication than on the formal teaching of subjects and the 3 Rs. In a first grade at Scuola elementare Vittorini de Feltre (actually two classes operated as one by two teachers) this was presented to me by the teachers as one of their ways of solving the problems of integrated teaching. It was a particular support for some of the handicapped pupils in this classroom, but also a way of making communication a total group experience.

In another classroom at the same school a multi-handicapped girl with severe language problems was integrated. She was trained by way of the Frostig material, but her special needs were linked in an excellent way with the activities of the rest of the group. The teacher had from the first moment explained to the whole class the difficulties of their handicapped classmate, and introduced them to the basic principles of the Frostig material and how it is used. In accordance with these principles all the other pupils now prepared training material for the handicapped girl. This gave her the motivation for training and repetition.

What about the others?

I will finish this report here, because from the look in the eyes of the 18 other pupils in this classroom, as they listened silently, but so very attentively, to the conversation between the class teacher and myself, I appreciated the truth in the Italian saying: "What is best for the handicapped is also the best for the normal children!"

IX. POLICIES FOR BASIC EDUCATION IN NORWAY AND THE CONCEPT OF INTEGRATION

by L. Vislie,
Professor, Institute of Educational Research,
University of Oslo, Norway

This paper is a summary of a longer report prepared for OECD. It outlines policies for integration in Norway and its implications for basic education in general. It places current developments in an historical context and the first part traces the development of comprehensive and special education since the end of the 19th century. By 1920 education had become comprehensive in character, organised in school districts, and almost all children attended neighbourhood schools.

Handicapped children were not included when the legal rights of all children to basic education were first stated in the Primary School Act of 1889. Developments in provision for handicapped children were limited and segregated until 1951 when a special schools Act co-ordinated arrangements, whereby boarding schools were run by the state, and some arrangements were made in association with ordinary schools in larger towns. From 1955 local authorities were legally instructed to provide for pupils who did not profit from ordinary education and a system of special classes grew up. In 1969 local authorities were given responsibility for special education and the first steps towards integration followed an Education Act in 1975.

Integration

The concept of integration in Norway was found by OECD examiners, in their report on Norwegian education policy, to be an important one, but difficult to understand. Integration was the term used, not only in respect of handicapped children, but also to describe approaches to overcome other divisions in the education system. Policies for integration were initiated to achieve equalities of educational opportunity in all aspects of the education system.

The Education Act 1969 - Supplementary Regulations 1975

The main principles which were a basis for the supplementary regulations added to the Education Act in 1975 are as follows:

1) that the educational rights and obligations of all children and young people should be established

according to the same legislation. An important consequence is that special education is included in, and is to pursue, the same broad goals as basic education in general.

ii) A handicapped child may need to start its training before seven and/or training beyond the age of sixteen. For some handicapped pupils younger or older age groups can also be provided for according to this Act.

iii) In very serious cases - i.e. when any training seems unreasonable - dispensation from compulsory training may be granted. Such a dispensation has to be recommended by experts and the parents have to agree to it.

iv) In the paragraph which states the right to education for all pupils the term "teaching" (undervisning) is replaced by the term "training" (opplaering). It is thereby emphasized that the frames of the Education Act cannot be restricted to the traditional understanding of teaching, but has to cover all kinds of instruction and training activities that are appropriate to the needs of these pupils. For many of the handicapped pupils a successful training programme cannot be undertaken unless a set of social welfare activities are simultaneously carried out. Social-pedagogical activities are therefore added to the traditional activities undertaken by the school.

v) According to the new legislation, the main responsibility for the education of handicapped children has been transferred from the state to the communes, as one of the functions of their local school system. Local school authorities are therefore now responsible for providing educational opportunities for <u>all</u> children and young people between seven and sixteen years old, which means that an important previous distinction between "normal" and "handicapped" children has been taken away. Whenever it is found to be necessary, local school authorities have also become responsible for providing special education for handicapped children under seven (pre-schools, kindergartens, etc. are <u>not</u> locally administered by the school authorities, but by another political body). As pre-school education is regarded as particularly important in the case of handicapped children, the functions of the local school authorities have been considerably extended by this enactment.

vi) The communes receive a variety of financial transfers from central government, many of which are earmarked for educational purposes, including new educational

provision for handicapped pupils. In principle the contributions from the state are assumed to refund to the communes all the extra costs connected with organising provisions for handicapped pupils beyond the average cost of a normal child.

vii) Basic education is as far as possible to be provided within the local area where the child is living. However, education for the handicapped can be organised in different ways: in special schools or classes, as special or remedial teaching within regular classes or as additional to education in regular classes.

viii) Special schools will still be maintained but will largely be transferred to the communes and used according to local need and as part of the total local resources for special education. A few special schools for categories of handicapped children too rare to be served by individual communes will still be operated by the state, or jointly by a number of communes.

ix) When special educational arrangements are to be offered to a particular child, the decision has to be based upon a total evaluation of what kind of provisions will best serve the child. It is therefore necessary to ascertain that neither economic nor any other outside factor - such as traditional special arrangements for the handicapped - is favouring a particular solution in each individual case. It is, however, assumed that an increasing proportion of handicapped children will gradually be integrated into the regular schools and classes.

x) Before a special educational provision is offered to a child and given effect, an expert report is to be obtained on the basis of a total evaluation of the child and its situation. Such a total evaluation will include the opinion of the pupil (if possible), his parents, representatives from the school and from the personnel at the Pedagogical-Psychological Service Centres.

xi) Pedagogical-Psychological Service Centres (PP-Centres) are to be set up to advise the local authorities on appropriate educational provision for all children within the local area. The establishment of these centres will therefore be a prerequisite for the fulfilment of the new special education policy. The centres are mostly serving one commune each, in sparsely populated areas one centre may be serving two or more communes - a model frequently found in the northern regions. On the other hand, centres

in densely populated areas may be organised as several smaller units (as for instance in Oslo).

xii) All resources within a local or regional area should be used flexibly to serve the needs of handicapped children. An interdisciplinary and co-ordinated approach is particularly recommended in working out educational plans and programmes. It is to be emphasized that the planning of special educational provisions shall not only relate to an evaluation of the needs of a particular handicapped child, but should be a continuous process. Within each of the 19 counties an inter-disciplinary, consultative team (a board) is therefore to be set up and made responsible for the planning of provisions for handicapped children as well as for co-ordinating the programmes and procedures undertaken by different units within the region.

SOME IMPLICATIONS FOR BASIC EDUCATION

A New Definition of Special Education

The legislation established special education as a function of the compulsory school and as something which can if necessary be offered wherever a child resides. Special education is not provided for categories of children or handicapped children but for any child or youth who does not (temporarily or for a longer period) profit from ordinary education. The demand for special education will vary in extent and quality with the variations of ordinary education at any place and at any time.

The new legislation defines special education as different forms of organising provisions, extra costs and different forms of financial transfers from the state to the communes.

Special education is not provision for particular groups of pupils characterised by particular disabilities, illnesses or deficiencies.

Neither the Special Schools Act 1951 nor the Education Act 1975 distinguish special education in qualitative terms. Since it has largely been given by teachers not trained, or not fully trained, in special education, it has not been formally defined in terms of available professional skills. Some attempts have been made to dismiss special education as therapeutic in orientation, with diagnosis and individualisation as its main tools, but these qualities are considered by others to be characteristic of good education in general.

Special education and ordinary education become continuously inter-related processes and practices in the light of integration policy. Special education teachers are being increasingly employed in ordinary schools and, as a result of innovative projects, many are

working in closer collaboration with their colleagues and becoming members of teaching teams rather than working in isolation.

While the training of ordinary and special education teachers to work flexibly together is one example of the new integrative approach to special education, the financial arrangements made reinforce the same principle. Local schools have at their disposal a budget in terms of teacher time, for example 129 hours per week for the first six grades.

To this sum a fixed number of hours is added at lower secondary level and a percentage of hours at primary level.

The additional hours of instruction are earmarked for specific purposes and a proportion equivalent to approximately 10 per cent of the total resources available is to be used for special education. This resource is often referred to as "A-funds". The local school can also apply for additional contributions - "B-funds" - to the school director at county level. The school is fairly free to organise the teaching programme according to local needs in relation to "A-funds", but more formal procedures, relating to assessment of individual needs at the PP Centre and to the necessary extra provision, have to be agreed for "B-funds". A consequence of the "B-funds" procedures is that individual children have to be identified as handicapped. Although the "B-funds" can be regarded as an incentive to local schools to pay attention to individual needs and develop integrated arrangements, the highly formalised procedures result in children being identified and categorised as handicapped.

The Education Act 1975 lays the basis for integration and was intended to increase special education provision without increasing the number of registered handicapped pupils, although the two types of funding create two kinds of special education. In the course of time, a process of gradual integration may lead to the separate groups becoming less easy to identify and separate statistics less significant. The consequences of these changes have yet to be worked out in practice.

Differentiated Teaching

Another implication of the new legislation is the degree to which all aspects of teaching in ordinary schools are modified to achieve integration. Differentiation in schools is conceived mainly as a challenge to teaching and less as a question of differentiating among pupils. Traditional forms of organising schools and classes are being questioned. Different ways to divide up classes, to match pupils and teaching programmes, and to allocate teachers among different groups, are being explored. Team teaching is being developed. Vital factors are the extent to which extra resources are available and the degree to which teachers are involved in planning a school's programme.

The terms individualisation and differentiation both refer to attempts to adjust education to the needs of the individual pupil but there is an important distinction. Individualisation is used to describe education that seeks to meet the needs of the individual pupil, whereas differentiation means a balanced approach to individualisation through organisation, methods of teaching, content and materials - which may, for example, take into account the great importance of group activities.

Differentiated content is an important aspect of differentiated teaching: with the integration of the handicapped, for instance, ADL-programmes (Activities of Daily Living) have now become part of the programmes included in compulsory training. The content of these (or similar) programmes are very different from the traditional "subjects" in school. Thus the concept of content in basic education has been greatly extended. It may also be stated that when a differentiated content has been presented, it has mostly been the same type of content only graded in terms of difficulty.

This kind of differentiation has mostly related to the subjects, Norwegian and mathematics. These are core subjects of general education, which have also been a priority in special education. The challenge of special education up till now has been to tackle the problem of teaching pupils the same type of content as ordinary education, which ordinary pupils can be taught to a higher level. For this purpose more specialised methods and materials, often much more intensive teaching strategies, have been used by special education. Of course this will have to continue in the future, but to some extent the need for specialised methods and materials depends upon differentiation and the variations in teaching content that can be established in the ordinary school.

The Problems of Evaluation

"Evaluation" is a relatively new, but well-established, term in the vocabulary of Nordic teachers and educationalists. It covers all forms of educational appraisal and judgement, regardless of how the procedure is carried out, whether related to individuals or institutions, processes or products. It is also frequently used when terms like "assessment", "examination" or "grading" could have been used more precisely. It is thus used interchangeably with these more specific terms. This is not merely a question of terminology. It also indicates a general tendency among teachers and educationists to consider evaluation as an integral and vital part of teaching itself.

To some extent this may explain why the problems of evaluation are currently so hotly discussed in this country. Up till now reform policy has been concerned with length of education, educational

structure and teaching programmes - questions of great importance, but also questions which most people feel "belong" to the educational domain. However, when reform policy extends to include evaluation practices, an issue of public interest has definitely been raised. Examinations and formal grading procedures are more than anything regarded as the link between education and society. Obviously, the social and political consequences are profound if this link is changed or abolished.

The whole range of problems relevant to evaluation cannot be taken up here. The purpose at this point is to give a brief description of what reforms have been undertaken so far, an indication of present problems and the possibilities for further reforms to be carried out. These form an essential background to a discussion of integration.

For quite a long time the tendency has been to reduce the importance and use of formal grading and examinations in Norwegian compulsory schools. It started with the school reforms in the 1930s. In 1972 examinations and all formal grading of pupils were abolished from primary school (grades 1-6). This was not a matter of controversy. At the same time, Parliament decided in principle to extend this policy to all compulsory education as soon as upper secondary schools had the capacity to receive everyone who wanted further education. However, when the Ministry in 1974 tried to introduce a further move in this direction by keeping examinations only in the three main subjects at the end of compulsory schooling and to delay all formal grading in any subject to the last year it was taught, there was considerable resistance from teachers, parents and pupils. The proposal was withdrawn, and the Ministry announced that further implementation of the policy would await the final report of the Royal Commission on evaluation and the response to this report of interested parties, the Ministry and Parliament.

The Royal Commission has delivered its report. All committee members agreed that there should be no final examination at the end of the compulsory school, or formal grading at the primary level. A majority also favoured extending the abolition of formal grading to all compulsory education. A minority of the Royal Commission, which is for retaining the formal grading procedures at the lower secondary level, seems, however, to be more in accord with the view of the majority of teachers, parents and pupils at the moment.

In current discussions about evaluation, many of the arguments have policy for integration of the handicapped into the schools as their particular frame of reference, but mostly the discussions have come out as a question of "for or against marks" in schools. As regards integration, the core of the problem if closely related to the problems of differentiated teaching. A school system which is expected to provide for all pupils within the same local schools,

preferably even within the same classes, will have to set up and organise teaching programmes that are differentiated in terms of content. To have the same content graded by difficulty will not be enough, integration of the handicapped requires differentiation in terms of content on a much wider basis.

If formal grading procedures and examinations are abolished in schools, teachers and pupils are in principle free to choose whatever content they would like. On the other hand, if teachers and pupils were free to choose whatever content they would like for teaching, the question of how to evaluate the work becomes subordinate. Such freedom does not exist at the moment, and the basic problem of freedom or control is what current discussions on evaluation are concerned with.

This is supported by some of the views presented by the National Council for Innovation in Education in its annual report of 1976/77. In the report the question of to what extent differentiation of content can be taken any further is discussed.

The practice of evaluation now in force in the schools is suggested as a main obstacle to further innovations, particularly the common standards according to which all pupils are graded in core subjects. The close relationship between common standards of evaluation and the social and cultural importance of retaining a core of common content in education is also referred to. A comprehensive school which includes all pupils regardless of social background or intellectual capabilities has to assume the existence of some common culture or social community among the different groups the school is to serve.

The schools' traditional definitions of what constitutes this common culture is further discussed, and the way that these definitions are used as a basis for the selection of teaching content without first having any evaluation of the limits of a common culture.

"Without making such an evaluation, one may not do justice to those groups which only to a limited extent find <u>their</u> capabilities and <u>their</u> culture in the school".

It is important to consider and clarify these basic questions of evaluation in relation to integration policy before Parliament has to make final decisions on the evaluation procedures that are to be used in compulsory education in Norway in the near future.

The Pedagogical-Psychological Service Centres

The Pedagogical-Psychological Service Centres (PP-Centres) play an important part in the implementation of integration policy. Their role is partly as interface institutions, operating between other bodies with potentially divergent goals and values, perhaps at

regional or local level; partly their function is also to operate within the local school system, offering professional advice on reform.

The PP-Centres have grown out of the school psychological service run by the local school authorities. The first school psychologists were appointed soon after the war, but this kind of provision only grew widespread at the end of the 1950s.

Field experiments carried out by the National Council of Innovation helped to develop new organisational models and working strategies to fit in with the new policy and statutory duties of the 1969 and 1975 Acts.

The duties of the PP-Centres are to support pupils from pre-school age, through compulsory school age, up to the age groups of upper secondary education. The service is instructed to support the pupils, their parents and teachers, the school authorities and collaborating authorities by undertaking preventive programmes, by offering guidance or consultation, counselling and therapy and by participating in co-operative activities.

PP-Centres have not only been given a wide range of duties, but also duties that are highly different in nature. Obviously, a multi-disciplinary approach is required, and - as discussed above - this immediately calls for the recruitment of different personnel categories to the staff. The service is still expanding, not only in terms of number of personnel, but also in terms of "clients" and partners, particularly now that PP-Centres serve pupils in upper secondary education.

One gets the impression that the centres are likely to become large organisations, each having considerable difficulties in co-ordinating its own services. The organisation may become so big and bureaucratic that little time and energy may be left for client work. This is an unsatisfactory situation for both staff and those who are to be supported by the service. However, these are problems well known to every modern social service organisation, and in spite of the many attempts at reorganisation and decentralisation, no one seems yet to have found a viable solution to these problems. Some of the administrative problems have been solved by setting up an independent centre, even when the local commune is relatively small, or by organising smaller units within the areas served by the larger PP-Centres, as for instance in Oslo where 16 district offices are at work. Each of the smaller local centres or units is still left with the problem of having to tackle a variety of duties. Regardless of its expertise, the unit has to work mainly in accordance with a "generalist" model, which means that the staff has to take care of all running affairs, minor problems, etc., and make a first screening of "cases" that will later have to be looked at more specifically, i.e. preferably by specialist teams.

The relationship between the service staff and the teachers has gradually changed. Previously when teachers applied to the school psychologists, they mostly wanted an expert to take care of a difficult pupil, preferably by sending him to a special school or institution. The school psychologist service represented primarily a link between the ordinary schools and the special institutions, the process being mainly from the schools via the school psychologist service to the special institutions.

When the teachers call in the PP-Centre now, it is mainly because they need its support for organising differentiated teaching. Extra resources for special education from the B-funds (administered by the school director of the county) are only made available through a formal procedure whereby an individual pupil is identified, examined by a PP-counsellor, and found to be in need of special provisions. Teachers will usually identify such pupils and the PP-counsellors come in as "experts". Many local schools may regard this as an unnecessarily formal procedure, particularly if the school and the PP-Centre are only brought into contact in connection with the B-fund procedures. The teachers will then tend to question the expert role of the PP-Centre, and mainly consider it as a control from the outside on the professional competence of the teachers.

The PP-Centres are already using much of their resources in the local schools (personnel and equipment). It may, however, be difficult for the PP-Centres to carry out this active role as experts on differentiated teaching to the extent needed by the schools, if the process of integration is to be taken any further. It may therefore become necessary in future to have some of the expertise which now is being built up at the PP-Centres integrated as part of the local school team. It is interesting to note that the School Committee in Parliament found it difficult to estimate exactly what staff would be needed in the PP-Centres.

Obviously the new policy means that teachers and schools will have to change their practices and probably their attitudes as well. It is one of the responsibilities of the PP-Centres to contribute to this change. This cannot be done, or should not be done, solely by applying a therapeutic model. The best strategy would probably be to help teachers organise and carry out successful programmes of differentiated teaching, and thereby give them the experience of handling more capably the problems the reform policy faces them with.

Postscript

The policy for integration of the handicapped includes more than educational integration, and even that cannot be obtained if other institutions do not play their part. Many would say that in terms of a total perspective, education alone does not mean much.

As far as basic education is concerned, the integration policy has wide implications which this paper has tried to make apparent by selecting and examining a few areas, whose importance to schooling and teaching will probably be accepted by everyone. However, "implication" is a vague expression, and the way in which it has been used in this examination, as a mixture of what "has been achieved" and what "ought to be done", might have confused matters. As far as the author is concerned, the approach to the problems here involved rests upon a philosophy concerning the relationship between politics and pedagogics which has been outlined elsewhere. Politics and pedagogics are seen as mutually dependent, which means that one cannot accomplish, for instance by power on the political side, what is beyond the competence or knowledge on the pedagogical side. The relationship can be understood in terms of a communication model where activities on the one side have a releasing or challenging effect on the other. An educational reform policy is worked out and implemented as a continuous communication process between politics and pedagogics. Although this philosophy helps to explain the process in any democratic society, a particular Norwegian aspect needs to be understood. The OECD Examiners' Report discussing "The role of the political process" made the following observation:

> "The Storting (the Norwegian Parliament) is the key to this entire system. One gains the impression that nothing is put to a vote before the essential bargaining process has been carried very far. In return all groups conform to the universally accepted convention not to commit themselves irreversibly before the Storting has voted and then to abide by the Storting's decision. While this entire procedure provides Norway with a remarkably effective and open process for decision-making in the public sector, it also increases the dependence of the periphery on the central institutions, particularly as an increasing number of policy issues become interlocking".

The Examiners' description is historically correct, but an open decision-making procedure does not necessarily increase the tendency to centralisation. That can be counteracted by an active policy of decentralisation, another characteristic of Norwegian policy at the moment.

Part III

CREATING CHANGE - STRATEGIES FOR INTEGRATION

135

I. INTRODUCTION

This section summarises the essential elements of strategy for the integration of young people with handicaps both into normal schooling and into a full life in society, and offers guidelines to sustain progress. Part I has described the common features of innovative developments in Member countries, isolated key issues and set these within a general framework of political, social and educational developments. Specific examples of philosophies and practices are collected in Part II. Each has been chosen to illustrate a particular approach and to provide concrete evidence both to underpin Part I and to sustain the arguments of Part III.

Values and Attitudes

Before discussing strategies for integration, it is useful to bear in mind some of the values and attitudes in society which will affect in practical terms the progress towards integration. The action needed on some of the vital issues can then be summed up in something like campaign slogans.

Identify Without Labelling

The first step is to identify the special needs and services required by the individual without labelling. The adverse effects of categorisation and labelling have already been mentioned as well as some of the ways to change attitudes, values and practice in order to avoid segregation. The first step is a conceptual one. It is a change from thinking of two populations "the normal" and "the handicapped" to thinking of one population of young people, some of whom have disabilities and significant difficulties. The second as outlined in Professor Hobbs' paper is a precise definition of the services needed by an individual through assessment.

Finally, it is argued that a single concept of special educational needs should replace a set of separate categorised services for particular groups of handicapped children and young people. Services for those with special needs must identify their clients but without labelling them.

Rights Without Rejection

Human rights must be extended to those who are handicapped and that means access to all the institutions in society, including

schools. The way forward is to include young people with disabilities in ordinary classes, in open employment, in neighbourhood housing and to accord them the status of ordinary citizens. Recent legislation in many countries has had the aim of establishing equal rights for minorities including those who are handicapped. The inclusion of parents and persons who are disabled on advisory and consultative bodies of all kinds is another step towards recognising their rights.

Services Without Stigma

Whereas services for those who are handicapped have resulted in their recipients being stigmatised, moves which meet their needs as part of the social services provided for all citizens are one way of providing services without stigma. The processes of integration illustrated in this study have also included the delivery of services to individuals with disabilities within the community and in ordinary schools. This is one way in which the stigma of provision can be mitigated; also, developing flexible specialist services at local level encourages that community to take responsibility for its handicapped members. Where institutions elsewhere have protected local communities, schemes of integration have often shown such protection as unnecessary and, as this study has shown, have often released great community effort. There is little evidence of negative consequences.

Delegation of responsibilities to the local level enables parents, friends, the guitar teacher, the bus driver, the neighbourhood shopkeeper, to become possible partners in a programme for the individual. In this way, not only can use be made of non-professional assistance, but services can be more adapted to individual needs. The danger of a uniform, undifferentiated approach to a group wrongly assumed to be homogeneous can be avoided.

Special services working with local communities can also help to de-mystify expertise and allay anxieties and fears. Locally visible services for those with handicaps can be seen as part of everyday life and not stigmatised like remote institutions.

Individual Life Choices

A critical test of the rights of those with special needs is the range of individual life choices available to them. The grounds for limiting responsibility and choice have been challenged and the moves towards integration have all been accompanied by an attempt to provide a wider range of options. The ability to choose and to manage one's own life are fundamental aspects of personal autonomy. On the basis of current evidence, the necessary characteristics of any provision for young people with disabilities should be the minimum of protection and the maximum of experience in everyday normal environments. Thus

personal growth and competence will be enhanced and the need for long-term protective care reduced.

The recent history of special education in a number of Member countries has been one of change; changes in social and educational policies to attempt to face the issues raised in the previous paragraphs and changes in national and local patterns of provision. It is often difficult to identify agents of change and conditions which facilitate it except in retrospective studies. Most special educational arrangements in Member countries are in a state of transition. There are pioneering measures in all of them designed to help the young person with a handicap have a wider access to all aspects of society, as well as lay and professional groups committed to societal integration. While some countries have put into effect social and educational policies which provide a necessary context for such integration, others have yet to do so.

Public Attitudes

Available resources may influence the extent to which integration policies are pursued but the creation of the climate for change depends on public attitudes to young people with special needs. Here the media, voluntary organisations and professional groups all play an important part. Ignorance of the qualities and problems of those with disabilities and difficulties, fears of a primitive kind about association with handicapped people, and low expectations of their potential contribution to society, all need to be dispelled by a continuing process of public education. Successful integration practices have already done a great deal to create favourable attitudes. However, one key to fundamental change in the desired direction is the extent to which the wide dissemination of successful incremental changes can be effected through the media to establish the necessary conditions for further developments. A second is the extent to which in-service training programmes for the administrators and professionals responsible for helping and supporting young people with handicaps can focus on the objective of societal integration, so that arrangements and practices which interfere with the achievement of that objective are constantly challenged.

II. STRATEGIES FOR INTEGRATION

In this study it has been found useful to draw a distinction between forms of special educational placement and the process of integration. Placement is used to describe the nature of the provision made, and the most common trend is for it to be either in ordinary or special classes within normal schools. Integration is the

term used to describe the processes of interaction between individuals with handicaps and their contemporaries, which it is hoped that desegregated placements will achieve.

There are therefore two important distinctions to be made when discussing the practical steps which can be taken to pursue the goal of societal integration. One is to distinguish between a philosophy or aspiration and its practical implementation and the other is to make a distinction between forms of provision and the social and educational integration it is hoped to achieve.

Commitment

Where most progress has been made at local, regional or national level there has been a strong commitment to the aim of societal integration. Where legislative and administrative action and professional advice are in harmony, where community attitudes are favourable, and there is a commitment to integration, much more is achieved than where initiatives have to overcome indifference, fear and hostility to change. Where policies are clearly stated and generally agreed, progress is made. The lesson seems to be that the public and professionals must be prepared if a positive climate is to be created within which to develop integration policies. Public commitment is a vital first step.

Context

The educational context is likely to determine the pace of progress towards integration. The political and social expectations of schools will influence the ways in which special educational needs are dealt with. In some of the examples in this study, these expectations allowed for individual differences. Other contexts are less generally sympathetic to individual special needs. The next practical steps towards integration therefore depend on whether general educational and social policies are favourable, or whether they need to be changed in order to create an appropriate context for meeting the needs of children with handicaps in ordinary classes and schools.

Contradictory Attitudes

A number of contradictory attitudes exist which need to be recognised and resolved if progress is to be made. There are those who agree with integration in principle but who see many practical objections to its implementation. Some of them see the social objectives of integration as incompatible with providing high quality special education for children with disabilities and significant difficulties. Others see the degree of differentiation required of ordinary schools as impossible to achieve. Many see the social objectives as paramount and the achievement of educational standards of secondary importance.

Many traps exist for the unwary and uninformed within these contradictory attitudes. If the move from an old set of segregative principles to a new consensus of views on integrative practices is to be achieved they need to be resolved. Commitment, albeit important, is not enough. New patterns of services and professional practice need to be evolved which maintain and improve standards of special education while at the same time developing integration. That this is possible is evident from the examples in Part II. These illustrate the importance of good planning and professional preparation.

Objectives

There is always a choice between travelling hopefully and planning a journey in such detail that every milestone on the road is known before setting out.

The choice is influenced as much by temperament as by practical considerations and is a reasonable one for those responsible for their own destiny. For young people who are handicapped it is important that the arrangements made for them are planned and that they take part in formulating the objectives of their special education. They should not be subject to procedures based entirely on aspirations. The objectives of integration should be stated as clearly as possible.

The objectives of the new procedures outlined in this report vary in their scope and clarity. Some have been stated within a context of defined aims for the education system as a whole, as in Norway; others have limited immediate objectives to new forms of placement but have been less certain about the processes of integration to be achieved, as the Swedish evaluation study shows. In Italy, broad social policies have come into effect, but specific objectives for special education are less clear. At all levels, from that of the teacher in the ordinary class to the national administrator, it is evident that the objectives of de-segregation and integration need to be known and understood. Practices which exemplify them need to be defined and procedures which will help to bring them about need to be developed. It is hoped that this study will help all those concerned with special education to consider integration in their own setting and develop objectives which are practical and relevant. The check-list which follows may be a useful guide.

III. A CHECK LIST FOR INTEGRATION

The questions which follow have been framed from the point of view of those working in the field of education although the answers to them require a significant contribution from health and social services as well as ordinary citizens including parents. They are

presented in the form of a check-list which may serve to clarify and formulate practical objectives. It is recognised that the questions may not be applicable in all situations and that there are no right answers.

i) What steps need to be taken to make the education system a favourable one in which integrative processes can be developed?
   a) through the administration of education and its funding;
   b) through the development of forms of organisation, of the curriculum and of methodology;
   c) through the initial and in-service training of administrators and senior school staff.

ii) What steps are necessary to make the ordinary school a suitable environment for pupils with handicaps and special educational needs?
   a) through school self-evaluation procedures and school-focused in-service training;
   b) by providing special education, health, social and other services
      i) as additional members of staff, and
      ii) as itinerant and visiting supporting personnel.

iii) What level of expertise should be available within the education system and how should it be deployed?
   a) What skills and knowledge do ordinary teachers need to discern individual special needs and make a contribution to meeting them?
   b) What skills and knowledge should be made available through special education teachers?
   c) What specialists from other professions need to work in schools with teachers to provide adequate special education?

iv) Within the overall curriculum for ordinary schools what kinds of modified programme are necessary to meet the needs of pupils with disabilities and significant difficulties?
   a) What should be the relative responsibilities of ordinary and special education teachers and other professionals for the formulation of
      i) different kinds of general programme
      ii) individual education programmes?

v) What forms of pre-school and in-service training are necessary to promote integration within ordinary schools?
   a) for ordinary and special education teachers including co-teaching or co-operative teaching skills;

b) for other professionals and therapists;
c) for auxiliaries and aides working in ordinary schools;
d) for administrators and trainees.

A further set of questions relate to the administration of special education which in the past has often been separate from the administration of ordinary schools. Assuming that the education of all children is the responsibility of one government department and one local education authority:

vi) What should be the relationship of the special education administrator to the administrator for ordinary schools in order that an integrative approach to pupils with special needs can be developed?
a) at national level;
b) at local authority level;
c) in schools.

vii) In what way should the pupil requiring special education be identified administratively so that special requirements are met without segregative categorisation?
a) by assessment procedures;
b) by criteria which entitle the individual to particular services.

viii) Within the group of all pupils who may require special education, particular needs may be identified which result in specialised services: for example, for the mentally handicapped or hearing impaired. How can these specialised services be integrated within a special education service which is itself an integral part of the ordinary school system?

ix) What forms of funding facilitate integration?
a) Where special grants or extra cost payments are made for pupils assessed to require special education, do they provide a flexible basis for provision in ordinary schools? Do they result in segregated special education services?
b) Where block grants are made to local education authorities for all education services, what is necessary to identify special education elements within them to ensure that individual entitlements to special services are met?

x) How far can the curriculum agreed for ordinary schools be modified through individual programmes to encompass the whole range of disability in the school population?
a) Is there one basic curriculum or are there a number? Is the curriculum for a severely mentally retarded

142

child, for example, a modification of the basic curriculum or a different one?

b) What is the appropriate relationship between an individual education programme and the school curriculum? Does learning in, and with, a group of contemporaries or other children without special needs constitute an essential element in schooling? If so, is there always an element of shared educational experiences which can be demonstrated to exist for all pupils?

xi) To what extent can the class teacher of any age group be expected to teach and evaluate different individual educational programmes?

a) Do individual education programmes, to be effectively taught within one class group, need to be relatively minor modifications of a single syllabus?

b) How far can individual teachers adopt different teaching styles related to different individual education programmes?

xii) What forms of teacher education, initial and post qualification, are most effective in promoting an understanding of individual differences and an ability to provide for pupils with a wide range of special educational needs within ordinary schools and classes.

Given a commitment to de-segregation and integration, each of these questions will be answered differently according to national, regional and local situations. There are therefore no universally acceptable answers. However this study does suggest a number of strategies which are more likely to lead to societal integration than many existing arrangements.

IV. SOME STRATEGIES WITHIN THE EDUCATION SERVICE

One factor can be singled out as of paramount importance in progress towards integration. It is the role and contribution of the ordinary school. All strategies for integration must have as their focus the creation in such schools of positive attitudes towards integration and the development of confidence and competence in providing for special educational needs. Whether schools are nationally or locally managed, and whatever the degree of autonomy in respect of curriculum and organisation accorded to them, their curricula, extra curricular activities and social values, should reflect on equal concern for all pupils and they should attempt to provide an environment where the contribution of all, however different or limited, is of equal worth.

143

In the past there has been a tendency to encourage ordinary schools to rely on separate special educational provision. Special education teachers and other professionals have emphasized the special needs of pupils with handicaps and the limitations of ordinary schools. Indeed teachers have been led to believe that they are doing pupils requiring special education a disservice if they retain them in ordinary classes. More recently this trend has been reversed and where most progress has been made towards integration the contribution of ordinary schools has been recognised. Local education authorities have set out to create an acceptance of responsibility for all children and positive approaches to meeting special educational needs. Whatever the legislative framework, however, the education service is administered, and whatever the level of professional expertise, every study of integration highlights the work of the ordinary school as the key to good practice in integration. This is the single most common conclusion to be drawn from the evidence. As a result it is possible to identify some of the means by which ordinary schools may be helped to become good environments for de-segregation and integration. These can be grouped under five main headings which are not set out in order of priority. Action is required under all of them if progress towards the agreed goal of societal integration is to be made.

Administration - Although legislation may express general principles such as the rights of all children to education according to their needs, and may make local education authorities responsible for meeting them, a national framework of regulations is required to ensure that such principles are implemented. These regulations should delegate responsibilities as far as possible while at the same time safeguarding the particular rights of those with disabilities and difficulties. They should ensure as far as possible that special arrangements are made for them which are in the least restrictive educational environment, while at the same time providing flexibility.

The concept of service delivery is particularly important and this has two aspects, one closely linked with procedures for assessment. The first aspect concerns those services made generally available to all schools. If all schools have at least one teacher trained in special education, access to itinerant specialist teachers of different kinds and regular medical and social work support, they can assess and meet the wider range of special needs commonly found within their school population. The second aspect concerns those children and young people whose needs cannot normally be met within ordinary schools, given the services generally available. These pupils need to be assessed and registered in some way to entitle them to more specialised services, which may be provided for them in the schools they attend, but not necessarily in all schools. The balance between the two aspects can be seen as a function of available resources.

Assessment has in the past often resulted in categorisation according to one major handicap, and in separate provision. The service delivery model can overcome these segregative effects of assessment. If the individual is assessed in such a way that his strengths and particular difficulties are identified, and if the kind of education and treatment programme he needs is defined in some detail including its objectives, then the special services necessary for the programme can be specified. As a result, pupils will not be administratively characterised by a handicap label, but by a general description as requiring special education. If the services required are not generally available to all schools, then the identification as requiring special education will be sufficient, together with the programme, to provide a basis for particular services to be delivered to the child's school.

Regulations are therefore needed to describe what general services all schools may be expected to receive, on what grounds pupils are to be considered to need additional special services and how these are to be made available.

Resources - It can be argued that demands for specialists and special facilities have been overstated, particularly by those defending a separate special school system. Nevertheless few would disagree that there is a level of specialised experience and facilities which is essential if special education of good quality is to be provided. If the service delivery model is accepted, then demands for personnel, building modifications, equipment and financial support need to be known. Personnel resources are as much a factor of training as numbers, integrated placements requiring different patterns of working rather than increased numbers of professionals.

Financial support for special education may be provided in many ways, but there are a number of features which tend to promote integration. It appears to be helpful to fund special education services as a whole rather than separate services for particular kinds of handicap. Additional grants for special education expenditure seem to be most effectively used where responsibility is delegated to local education authorities and where within a given amount that authority can use funds flexibly according to individual need and local circumstances within an overall framework of regulations. The funds available either generally or to meet an individual's special needs should not be tied to particular forms of provision but should enable those responsible for special education at local level to provide as wide a range of special help as possible. The choice of whether additional special teaching, non-teaching assistance, equipment and aids or other resources are provided should if possible be left to local decisions in local schools.

Training - the training of all personnel concerned with special education is a crucial factor in promoting integration. It has been

possible to isolate in this study a number of particular aspects of training which are of significance. These include the initial and in-service training of all teachers, the training of special education teachers and the training of other professionals concerned with handicapped children.

The ambience of the ordinary school has already been stated to be a vital factor. To promote societal integration it is essential that the staff of each school should consider work with children and young people with special needs a normal part of their responsibilities and be enabled to gain confidence in the contribution they can make. Hence the initial training of teachers should include an introduction to special education and embrace a philosophy which recognises that the ordinary school is a natural setting for young people with handicaps. It will seldom be possible to include much of the detail of special education in initial training and subsequent in-service training will be necessary but unless some introduction is given before qualification and unless positive attitudes to integration are encouraged, it will be difficult to create the right climate in ordinary schools.

There are various kinds of in-service training which have been found to be important. The first of these is school-based and school-focused training. It is being widely recognised that schools need to examine their own work and this self-evaluation is incomplete without reference to how special educational needs are met. By considering the particular needs of children in the school and of children with handicaps in the local community, by engaging in dialogue with special education teachers and other professionals and by developing a local study programme, much can be done to create a school sensitive to individual differences and potentially more informed about the processes of integration.

Secondly, this process of self-evaluation and school-focused work will depend on senior staff of the schools, together with those responsible for the education service and special education, engaging in studies of young people with special needs and of special education to develop the knowledge necessary to make school-focused work effective. The local education authority can facilitate this kind of training in workshops and elsewhere by being clear about its objectives and about the services to ordinary schools it is prepared and able to provide.

Thirdly, other professionals in the health and social services will require in-service training in order to use their skills within ordinary schools and in collaboration with teachers. Such training will of necessity encourage positive attitudes to integration and develop a clearer picture of the contribution of education within a total plan for the individual with a handicap.

This study has highlighted two other aspects of training: co-teaching or collaborative teaching and what might be termed "professional weaning". Co-teaching, which involves the ordinary and special education teacher working together in devising and carrying out an individual special education programme, is recognised as an essential feature in good practices in integration. It is also something which is unlikely to develop spontaneously where there has been a tradition of ordinary and special education teachers working in isolation from each other. In-service training can promote co-teaching procedures and these play an important part in supporting class teachers, relieving them of unnecessary anxiety about pupils with handicaps and measuring their confidence in helping such pupils in their classrooms.

"Professional weaning" is a more complex issue. Whatever the profession, there has been a long history of creating areas of professional expertise and knowledge about different kinds of handicap and guarding these areas with the result that ordinary teachers have come to be preoccupied with what they do not know about such children. The professionals concerned have formed very close relationships with their clients and have been reluctant to share them with others. Integration demands such sharing and requires that specialists should be weaned away from unnecessary direct involvement towards working through and with others. This is a further task for in-service training.

Aspects of training have been discussed throughout this study and their importance stressed in those examples where integration has been developed most effectively. Little progress can be made without a carefully worked out in-service training programme at all levels but particularly at the level of the ordinary school.

Curriculum Development. The introduction of co-teaching practices has implications for curriculum development. Again there are two main aspects, the degree to which the curriculum of the ordinary school is differentiated to meet individual needs and the extent to which collaboration between special education and ordinary teachers is effective in developing individual programmes within the school's overall curriculum. Both aspects require further research and development. Strategies for promoting integration should include attention to them and to questions already posed in the check list.

V. CONCLUSION

This study is in the nature of an interim report in the course of the CERI project. Societal integration has emerged as a common aim and, in spite of the diversity of integrative practices now being introduced in the school systems of Member countries, a great deal of common experience and thinking has been found.

The many complex issues which have arisen out of this analysis of recent trends might be summarised simply as follows:

i) that it is important to consider a single population of individuals some of whom may have special needs and not two populations - the normal and the handicapped;

ii) the aims of social and educational policies should be the same for all children and young people;

iii) it is important to make a distinction between characteristics of the individual such as disabilities and the handicapping effects which might result from them;

iv) a handicap to the individual is as likely to result from social and environmental conditions as from impairments and disabilities;

v) categorising and labelling individuals does not result in the identification of their special needs in ways that lead to flexible and individual programmes to meet these needs;

vi) the provision of services for categories of individuals, based on the concept of handicap as an intrinsic flaw in the individual, does not result in adequate arrangements for many children and young people with multiple disabilities, since individuals are forced into programmes rather than programmes being designed to meet individual needs.

The common threads in these ideas must be crucial in any national review of existing arrangements for special education with greater integration in view.

The examples discussed in this study, particularly the details of national progress in Part II, make it clear how many forms, levels and degrees of integration are possible and probably necessary on the way to what A. Labregère calls total integration.

No country has yet achieved total integration but at this stage of the project we know enough to say that a number are travelling with real hope towards it, though no two are using exactly the same route. The method chosen will have a lot to do with national temperament; with the political and social background, public and professional attitudes, and the type of education system. The necessary legal, financial and administrative changes are then the instruments of the public will.

In the United States the policy is to get the services right before attempting integration. The Italians have chosen to do it first and then work at getting the services right. Scandinavia and the United Kingdom are somewhere along the spectrum of possibilities in between.

Every method has achieved progress and revealed some difficulties to be overcome on the way. But all the evidence thrown up by this international exchange of experience and ideas demonstrates that total integration cannot be reached in one emotional leap. Just to place a handicapped child in a mainstream classroom, or even in a unit attached to a normal school, can lead to the paradox of educational isolation within an integrated policy unless the necessary stepping stones are there. It must be recognised that strategies for improving experience are, in Susan Sontag's phrase, "more delicate, subtle, complex and morally charged" than is always appreciated by the seekers after organisational change.

Although much work remains to be done to further the processes of integration in schools and society it is clear that better schools for everyone will be characterised by those attributes which are most helpful to pupils with special needs. Integration is not just a campaign for a minority. What is sought for those with special needs is the recognition of individuality, education which takes this into account, and a community which gives everyone the same rights and choices for full participation in society.

OECD SALES AGENTS
DÉPOSITAIRES DES PUBLICATIONS DE L'OCDE

ARGENTINA – ARGENTINE
Carlos Hirsch S.R.L., Florida 165, 4° Piso (Galeria Guemes)
1333 BUENOS AIRES. Tel. 33.1787.2391 y 30.7122

AUSTRALIA – AUSTRALIE
Australia and New Zealand Book Company Pty. Ltd.,
10 Aquatic Drive, Frenchs Forest, N.S.W. 2086
P.O. Box 459, BROOKVALE, N.S.W. 2100

AUSTRIA – AUTRICHE
OECD Publications and Information Center
4 Simrockstrasse 5300 BONN. Tel. (0228) 21.60.45
Local Agent/Agent local :
Gerold and Co., Graben 31, WIEN 1. Tel. 52.22.35

BELGIUM – BELGIQUE
LCLS
35, avenue de Stalingrad, 1000 BRUXELLES. Tel. 02.512.89.74

BRAZIL – BRÉSIL
Mestre Jou S.A., Rua Guaira 518,
Caixa Postal 24090, 05089 SAO PAULO 10. Tel. 261.1920
Rua Senador Dantas 19 s/205-6, RIO DE JANEIRO GB.
Tel. 232.07.32

CANADA
Renouf Publishing Company Limited,
2182 St. Catherine Street West,
MONTREAL, Quebec H3H 1M7. Tel. (514)937.3519
522 West Hasting,
VANCOUVER, B.C. V6B 1L6. Tel. (604) 687.3320

DENMARK – DANEMARK
Munksgaard Export and Subscription Service
35, Nørre Søgade
DK 1370 KØBENHAVN K. Tel. +45.1.12.85.70

FINLAND – FINLANDE
Akateeminen Kirjakauppa
Keskuskatu 1, 00100 HELSINKI 10. Tel. 65.11.22

FRANCE
Bureau des Publications de l'OCDE,
2 rue André-Pascal, 75775 PARIS CEDEX 16. Tel. (1) 524.81.67
Principal correspondant :
13602 AIX-EN-PROVENCE : Librairie de l'Université.
Tel. 26.18.08

GERMANY – ALLEMAGNE
OECD Publications and Information Center
4 Simrockstrasse 5300 BONN Tel. (0228) 21.60.45

GREECE – GRÈCE
Librairie Kauffmann, 28 rue du Stade,
ATHÈNES 132. Tel. 322.21.60

HONG-KONG
Government Information Services,
Sales and Publications Office, Baskerville House, 2nd floor,
13 Duddell Street, Central. Tel. 5.214375

ICELAND – ISLANDE
Snaebjörn Jónsson and Co., h.f.,
Hafnarstraeti 4 and 9, P.O.B. 1131, REYKJAVIK.
Tel. 13133/14281/11936

INDIA – INDE
Oxford Book and Stationery Co. :
NEW DELHI, Scindia House. Tel. 45896
CALCUTTA, 17 Park Street. Tel. 240832

INDONESIA – INDONÉSIE
PDIN-LIPI, P.O. Box 3065/JKT., JAKARTA. Tel. 583467

IRELAND – IRLANDE
TDC Publishers – Library Suppliers
12 North Frederick Street, DUBLIN 1 Tel. 744835-749677

ITALY – ITALIE
Libreria Commissionaria Sansoni :
Via Lamarmora 45, 50121 FIRENZE. Tel. 579751
Via Bartolini 29, 20155 MILANO. Tel. 365083
Sub-depositari :
Editrice e Libreria Herder,
Piazza Montecitorio 120, 00 186 ROMA. Tel. 6794628
Libreria Hoepli, Via Hoepli 5, 20121 MILANO. Tel. 865446
Libreria Lattes, Via Garibaldi 3, 10122 TORINO. Tel. 519274
La diffusione delle edizioni OCSE è inoltre assicurata dalle migliori librerie nelle città più importanti.

JAPAN – JAPON
OECD Publications and Information Center,
Landic Akasaka Bldg., 2-3-4 Akasaka,
Minato-ku, TOKYO 107 Tel. 586.2016

KOREA – CORÉE
Pan Korea Book Corporation,
P.O. Box n° 101 Kwangwhamun, SÉOUL. Tel. 72.7369

LEBANON – LIBAN
Documenta Scientifica/Redico,
Edison Building, Bliss Street, P.O. Box 5641, BEIRUT.
Tel. 354429 – 344425

MALAYSIA – MALAISIE
and/et **SINGAPORE – SINGAPOUR**
University of Malaysia Co-operative Bookshop Ltd.
P.O. Box 1127, Jalan Pantai Baru
KUALA LUMPUR. Tel. 51425, 54058, 54361

THE NETHERLANDS – PAYS-BAS
Staatsuitgeverij
Verzendboekhandel Chr. Plantijnstraat
S-GRAVENAGE. Tel. nr. 070.789911
Voor bestellingen: Tel. 070.789208

NEW ZEALAND – NOUVELLE-ZÉLANDE
Publications Section,
Government Printing Office,
WELLINGTON: Walter Street. Tel. 847.679
Mulgrave Street, Private Bag. Tel. 737.320
World Trade Building, Cubacade, Cuba Street. Tel. 849.572
AUCKLAND: Hannaford Barton Building,
Rutland Street, Private Bag. Tel. 32.919
CHRISTCHURCH: 159 Hereford Street, Private Bag. Tel. 797.142
HAMILTON: Alexandra Street, P.O. Box 857. Tel. 80.103
DUNEDIN: T & G Building, Princes Street, P.O. Box 1104.
Tel. 778.294

NORWAY – NORVÈGE
J.G. TANUM A/S Karl Johansgate 43
P.O. Box 1177 Sentrum OSLO 1. Tel. (02) 80.12.60

PAKISTAN
Mirza Book Agency, 65 Shahrah Quaid-E-Azam, LAHORE 3.
Tel. 66839

PHILIPPINES
National Book Store, Inc.
Library Services Division, P.O. Box 1934, MANILA.
Tel. Nos. 49.43.06 to 09, 40.53.45, 49.45.12

PORTUGAL
Livraria Portugal, Rua do Carmo 70-74,
1117 LISBOA CODEX. Tel. 360582/3

SPAIN – ESPAGNE
Mundi-Prensa Libros, S.A.
Castello 37, Apartado 1223, MADRID-1. Tel. 275.46.55
Libreria Bastinos, Pelayo 52, BARCELONA 1. Tel. 222.06.00

SWEDEN – SUÈDE
AB CE Fritzes Kungl Hovbokhandel,
Box 16 356, S 103 27 STH, Regeringsgatan 12,
DS STOCKHOLM. Tel. 08/23.89.00

SWITZERLAND – SUISSE
OECD Publications and Information Center
4 Simrockstrasse 5300 BONN. Tel. (0228) 21.60.45
Local Agents/Agents locaux
Librairie Payot, 6 rue Grenus, 1211 GENÈVE 11. Tel. 022.31.89.50
Freihofer A.G., Weinbergstr. 109, CH-8006 ZÜRICH.
Tel. 01.3634282

TAIWAN – FORMOSE
National Book Company,
84-5 Sing Sung South Rd, Sec. 3, TAIPEI 107. Tel. 321.0698

THAILAND – THAILANDE
Suksit Siam Co., Ltd., 1715 Rama IV Rd,
Samyan, BANGKOK 5. Tel. 2511630

UNITED KINGDOM – ROYAUME-UNI
H.M. Stationery Office, P.O.B. 569,
LONDON SE1 9NH. Tel. 01.928.6977, Ext. 410 or
49 High Holborn, LONDON WC1V 6 HB (personal callers)
Branches at: EDINBURGH, BIRMINGHAM, BRISTOL,
MANCHESTER, CARDIFF, BELFAST.

UNITED STATES OF AMERICA – ÉTATS-UNIS
OECD Publications and Information Center, Suite 1207,
1750 Pennsylvania Ave., N.W. WASHINGTON D.C.20006.
Tel. (202) 724.1857

VENEZUELA
Libreria del Este, Avda. F. Miranda 52, Edificio Galipan,
CARACAS 106. Tel. 32.23.01/33.26.04/33.24.73

YUGOSLAVIA – YOUGOSLAVIE
Jugoslovenska Knjiga, Terazije 27, P.O.B. 36, BEOGRAD.
Tel. 621.992

Les commandes provenant de pays où l'OCDE n'a pas encore désigné de dépositaire peuvent être adressées à :
OCDE, Bureau des Publications, 2, rue André-Pascal, 75775 PARIS CEDEX 16.

Orders and inquiries from countries where sales agents have not yet been appointed may be sent to:
OECD, Publications Office, 2 rue André-Pascal, 75775 PARIS CEDEX 16.

OECD PUBLICATIONS, 2, rue André-Pascal, 75775 PARIS CEDEX 16 - No. 41987 1981
PRINTED IN FRANCE
850/TH (96 81 02 1) ISBN 92-64-12229-X